**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999

## DOCUMENT # N9500004111

1. Corporation Name

VILLA VIZCAYA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 16197 VILLA VIZCAYA PL DELRAY BEACH FL 33446

Mailing Address

5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486



03-10-1999 90084 037 \*\*\*\*70.00

|--|--|

3. Date Incorporated or Qualifed

2. Principal Pl	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			08/28/1995			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	<del></del>	lied For	
22		27			65-0705986		Applicable	
City & State	е	City & State			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24	25	29 30	0		Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	l Agent		
		<u> </u>	81	Name				
IOAACCONI MIILIANA M								
ISAACSON, WILLIAM K			82	82 Street Address (P.O. Box Number is Not Acceptable)				
5295 TOWN CENTER RD			83	83				
	STE 200							
BOCA RATON FL 33486			84	City	FI	-		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corp	oration submits this statement for the purpose of	f changing its i	registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	norized by	the corporation	on's board of directors. I hereby accept the appo	ointment as reg	Istered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: 6-	naistared An	t winneture manifes	d when reinstating) DATE		<del></del>	
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	signature reduce	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
	PD OFFICERS AND	DELETE	1.1 TITLE	<del></del>	VD	Change	Addition	
TITLE	BALLIS, KIMON		1.2 NAME		. –	<u></u>	71	
NAME					HOWARD PISNOY	DINOT		
STREET ADDRESS	16166 VILLA VIZCAYA PL		1.3 STREET		16148 VILLA VIZCAYA			
CITY-ST-ZIP	DELRAY BEACH FL 33446		1.4 CITY-\$1	-ZIP	DELRAY BEACH, FL 3	3446 Change	Addition	
TITLE	VD	☐ DELETE	2.1 TITLE			□ Crianãe	- Nonnon	
NAME	DAVIS, JERRY		2.2 NAME					
STREET ADDRESS	16160 VILLA VIZCAYA PL		2.3 STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33446		2. 4 CITY-S	T-ZIP				
TITLE	VD	<b>⊠</b> DELETE	3.1 TITLE			Change	☐ Addition	
NAME	Brodsky, Sidney		3.2 NAME					
STREET ADDRESS	16196 VILLA VIZCAYA PL		3.3 STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33446		3.4. CITY-S	T-ZIP				
TITLE	SD	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	SALOVITCH, ROBERT		4. 2 NAME		·			
STREET ADDRESS	16118 VILLA VIZCAYA PL		4.3 STREET	ADDRESS				
CITY-ST-ZIP	DELRAY BCH FL 33446		4.4 CITY-ST					
TITLE	TD	☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME	DEMSKY, HERBERT		5.2 NAME			_		
""	16142 VILLA VIZCAYA PL		5.3 STREET	ADDRESS				
STREET ADDRESS	DELRAY BCH FL 33446		5.4 CITY-ST					
CITY-ST-ZIP	DELIVIT BOTT E 30440	☐ DELETE	6.1 TITLE			☐ Change	Addition	
TITLE		7 Detects	6.2 NAME					
NAME			B .	ADDRESS				
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP			6.4 CITY-ST		0-4-40 07(0V) Flatta 04-4-1 16-4	milia ibas in	formation	
<ol> <li>14. I hereby of</li> </ol>	certify that the information supplied with	this filing does not qualify for the	ne exempti	on stated in S	Section 119.07(3)(i), Florida Statutes. I further co	eruny that the Ir	normation	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attacyment with an address, with all other like empowered.

SIGNATURE: