

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731710

FILED  
May 03, 2004  
Secretary of State

**Entity Name:** VIZCAYA GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

711 S.E. 1ST WAY  
DEERFIELD BEACH, FL 33441 US

**New Principal Place of Business:**

**Current Mailing Address:**

6849 COBIA CIRCLE  
BOYNTON BEACH, FL 33437 US

**New Mailing Address:**

**FEI Number:** 59-1845782      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KENNELLY, JOHN S ESQ  
6849 COBIA CIRCLE  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: RUSCITTI, FRANK  
Address: 721 SE 1ST WAY, UNIT 9  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: PD ( ) Delete  
Name: KENNELLY, JOHN SR  
Address: 333 KEY PALM RD  
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete  
Name: ESSIAMBRE, LOUISETTE  
Address: 721 SE 1ST WAY, UNIT 9  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. KENNELLY

PD

05/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date