### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N0500008915

Entity Name: VIZCAY HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

### **Current Principal Place of Business:**

4700 MILLENIA BLVD SUITE 515 ORLANDO, FL 32839

# **Current Mailing Address:**

4700 MILLENIA BLVD SUITE 515 ORLANDO, FL 32839 US

## FEI Number: 59-3816546

### Name and Address of Current Registered Agent:

ASSOCIA/COMMUNITY MANAGEMENT PROFESSIONALS 4700 MILLENIA BLVD SUITE 515 ORLANDO, FL 32839 US

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	: MARC RODRIGUEZ			03/08/2017
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	MAJOFSKY, NANCY	Name	ORWAT, PETER	
Address	4700 MILLENIA BLVD SUITE 515	Address	4700 MILLENIA BLVD SUITE 515	
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839	
Title	DIRECTOR 1	Title	DIRECTOR 2	
Name	KIDMAN, RONALD	Name	KING, WAYNE	
Address	4700 MILLENIA BLVD SUITE 515	Address	4700 MILLENIA BLVD. SUITE 515	
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839	
Title	DIRECTOR	Title	DIRECTOR	
Name	DEJESUS, MARK	Name	THORPE, VICKI	
Address	4700 MILLENIA BLVD SUITE 515	Address	4700 MILLENIA BLVD SUITE 515	
City-State-Zip:	ORLANDO FL 32839	City-State-Zip:	ORLANDO FL 32839	

I hereby 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 all other like empowered.

SIGNATURE: NANCY MAJOFSKY

PRESIDENT

03/08/2017 Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No