### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008915

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

**FILED** Mar 10, 2015 **Secretary of State** CC3677470377

## **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 Certificate of Status Desired: No

## 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: SUZAN KEARNS 03/10/2015

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title **PRESIDENT** Title

Name MAJOFSKY, NANCY Name ORWAT, PETER

4700 MILLENIA BLVD Address Address 4700 MILLENIA BLVD

> **SUITE 515 SUITE 515**

City-State-Zip: ORLANDO FL 32839 City-State-Zip: ORLANDO FL 32839

Title **SECRETARY** Title **DIRECTOR 1** 

Name WELLS, STEPHEN Name KIDMAN, RONALD

Address 4700 MILLENIA BLVD Address 4700 MILLENIA BLVD

SUITE 515 **SUITE 515** 

City-State-Zip: ORLANDO FL 32839 City-State-Zip: ORLANDO FL 32839

Title **DIRECTOR 2** KING, WAYNE Name

4700 MILLENIA BLVD. Address

**SUITE 515** 

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** 

Electronic Signature of Signing Officer/Director Detail