

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000002765

**FILED  
Mar 22, 2013  
Secretary of State  
CC6828516278**

**Entity Name:** VIZCAYA VILLAS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SILVERCRESTED MANAGEMENT LLC  
1490 NE PINE ISLAND ROAD 8D  
CAPE CORAL, FL 33909

**Current Mailing Address:**

PO BOX 1848  
FORT MYERS, FL 33902

**FEI Number:** 65-0508823

**Certificate of Status Desired:** No

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

SILVERCRESTED MANAGEMENT LLC  
1490 NE PINE ISLAND ROAD  
8D  
CAPE CORAL,, FL 33909 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            VD  
Name            TERRELL, JOANNA  
Address        3833-1 SCHOOLHOUSE RD E  
City-State-Zip: FORT MYERS FL 33916

Title            PD  
Name            BENJAMIN, CHRISTOPHER  
Address        3821-1 SCHOOLHOUSE RD EAST  
City-State-Zip: FORT MYERS FL 33916

Title            SD  
Name            SURLIUGA, RONALD  
Address        C/O 6358 OLD MAHOGANY CT.  
City-State-Zip: NAPLES FL 34109

Title            TD  
Name            SCHECHTER, ANDRE  
Address        6358 OLD MAHOGANY COURT  
City-State-Zip: NAPLES FL 34109

*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:** CHRISTOPHER BENJAMIN

**PRESIDENT**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date