

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 731710 (0)

1. Corporation Name

VIZCAYA GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

721 SE 1ST WAY
 STE 14
 DEERFIELD EBAHC FL 33441
 US

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 STE 14
 DEERFIELD EBAHC FL 33441
 US

3. Date Incorporated or Qualified
01/23/1975

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **711 S.E. 1st Way**

26 **4950 N. Dixie Highway**

4. FEI Number
59-1845782

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite "A"

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

28 City & State

Deerfield Beach, FL

Fort Lauderdale, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33441**

25 Country

29 Zip **33334**

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLEIN, MADELINE
721 SE 1ST WAY
STE 14
DEERFIELD EBAHC FL 33441

81 Name **John S. Kennelly, Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable) **4950 N. Dixie Highway**
 83 **Suite "A"**
 84 City **Fort Lauderdale** **FL** 85 Zip Code **33334**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

John S. Kennelly **7/3/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, MADELINE	1.2 NAME	
STREET ADDRESS	721 SE 1ST WAY STE 14	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNELLY, JOHN SR	2.2 NAME	
STREET ADDRESS	333 KEY PALM RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, DIANNA	3.2 NAME	
STREET ADDRESS	1170 HILLSBORO MILE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, SALLY	4.2 NAME	
STREET ADDRESS	731 SE 1ST WAY STE 21	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, SALLY	5.2 NAME	
STREET ADDRESS	731 S.E. 1ST WAY #21	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Kennelly

7/3/96

Date

(954) 771-2972

Daytime Phone #