

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90311 038 ****70.00

DOCUMENT # 731710

1. Entity Name

VIZCAYA GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

4950 N. DIXIE HIGHWAY
 SUITE A
 FORT LAUDERDALE FL 33334-3947
 US

2. Principal Place of Business

711 SE 1st Way

3. Mailing Address

Suite, Apt. #, etc.

City & State
Deerfield Beach FL

Zip
33441

Country

Suite, Apt. #, etc.

City & State
**6849 Cobia Circle
 Boynton Beach FL 33437**

Zip

Country

4. FEI Number

59-1845782

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KENNELLY, JOHN S ESQ
 4950 N. DIXIE HIGHWAY
 SUITE A
 FORT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

Name: *John S. Kennelly, Esq.*
 Street Address (P.O. Box Number is Not Acceptable)
6849 Cobia Circle
 City: **Boynton Beach FL 33437 FL** Zip Code

8. 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: *John S. Kennelly, Esq.* **John S. Kennelly, Esq.** **4/24/00**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	KLEIN, MADELINE	
STREET ADDRESS	721 SE 1ST WAY STE 14	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KENNELLY, JOHN SR	
STREET ADDRESS	333 KEY PALM RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DODSON, SALLY	
STREET ADDRESS	731 S.E. 1ST WAY #21	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Steven Kerokes</i>	
STREET ADDRESS	<i>711 SE 1st Way #7</i>	
CITY-ST-ZIP	<i>Deerfield Beach FL 33441</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 24 2000

561-369-2345

Date Daytime Phone #

CR2E037 (9/99)