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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 22 1996 8:00 am  
Secretary of State

DOCUMENT # 746309 (4)

1. Corporation Name

THE FOUNDATION FOR VILLA VIZCAYA, INC., AN ENDOW  
MENT FUND

Principal Place of Business

Mailing Address

3251 S MIAMI AVE  
MIAMI FL 33129

3251 S MIAMI AVE  
MIAMI FL 33129



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/19/1979

3a. Date of Last Report

02/15/1995

4. FEI Number

59-1898477

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

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

10. Name and Address of New Registered Agent

FARWELL, RICHARD  
3251 S MIAMI AVE.  
MIAMI FL FL 33129

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CT  
PISARIS, NICHOLAS H. g.  
414 LA PLAYA AVE.  
COCONUT GROVE FL 33131 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCT  
PARKS, LYN  
3632 STEWART AVENUE  
COCONUT GROVE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VCT  
COLE, PAMELA W  
1400 CORALWAY  
CORAL GABLES FL 33134 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
SCHULTE, JOANNE  
6210 MSAGGIORE ST.  
CORAL GABLES FL 33146 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TT  
NEWIRTH, JUDITH  
SUN BANK 777 BRICKELL AVE.  
MIAMI FL 33131 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
PAWLEY, CHARLES H.  
4514 PONCE DE LEON BLVD.  
CORAL GABLES FL 33146 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Nicholas J. Pisaris ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
MACGILLIFF ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☒ Change ☐ Addition  
= deleted

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:

Leslie Quinera  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 1996  
Date

Date

Daytime Phone #

CR2E037 (12/95)