


FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746309 (4)**

1. Corporation Name  
**THE FOUNDATION FOR VILLA VIZCAYA, INC., AN ENDOWMENT FUND**

Principal Place of Business <b>3251 S MIAMI AVE MIAMI FL 33129</b>	Mailing Address <b>3251 S MIAMI AVE MIAMI FL 33129</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>03/19/1979</b>	4. FEI Number <b>59-1898477</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CT <input type="checkbox"/> DELETE
NAME	SCHULTE, JOANNE N
STREET ADDRESS	8210 MAGGIORE ST.
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	VCT <input type="checkbox"/> DELETE
NAME	GREENFIELD, PRISCILLA M
STREET ADDRESS	3194 VIA ABITARE
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	DCT <input type="checkbox"/> DELETE
NAME	FELAND, ROBLEY "ROB" L
STREET ADDRESS	1507 SUNSET DRIVE
CITY-ST-ZIP	MIAMI FL 33143
TITLE	ST <input type="checkbox"/> DELETE
NAME	CALE, MARILYN
STREET ADDRESS	225 HARBOR DRIVE
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	TT <input type="checkbox"/> DELETE
NAME	NEWMITH, JUDITH
STREET ADDRESS	19745 N.E. 24TH COURT
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180
TITLE	RVCT <input type="checkbox"/> DELETE
NAME	PISARIS, NICHOLAS J
STREET ADDRESS	4141 LAPLAYA BLVD.
CITY-ST-ZIP	COCONUT GROVE FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREENFIELD, PRISCILLA
1.3 STREET ADDRESS	3194 VIA ABITARE
1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
2.1 TITLE	VCT <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BISBING, MARK
2.3 STREET ADDRESS	3194 VIA ABITARE
2.4 CITY-ST-ZIP	CORAL GABLES FL 33134
3.1 TITLE	DCT <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Feland, Robley "Rob" L
3.3 STREET ADDRESS	1507 Sunset Drive
3.4 CITY-ST-ZIP	Miami, FL 33143
4.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cale, Marilyn
4.3 STREET ADDRESS	225 Harbor Dr.
4.4 CITY-ST-ZIP	Key Biscayne FL 33149
5.1 TITLE	TT <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Judith Allen
5.3 STREET ADDRESS	2000 S.W. 24th Avenue
5.4 CITY-ST-ZIP	Coconut Grove, FL 33133
6.1 TITLE	RVCT <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Schulte Joanne
6.3 STREET ADDRESS	8210 Maggiore Street
6.4 CITY-ST-ZIP	Coral Gables FL 33146

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* Date: *Jan 25 1998* (405) 858-0127

CR2E037 (10/97)