

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 28, 1999 8:00am**  
**Secretary of State**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

01-28-1999 90023 015 \*\*\*\*\*70.00

**DOCUMENT # 746309**

1. Corporation Name

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

Principal Place of Business

3251 S MIAMI AVE  
 MIAMI FL 33129

Mailing Address

3251 S MIAMI AVE  
 MIAMI FL 33129



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/19/1979

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

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

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CT**  DELETE  
 NAME **GREENFIELD, PRISCILLA**  
 STREET ADDRESS **3194 VIA ABITARE**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **VCT**  DELETE  
 NAME **BISBING, MARK**  
 STREET ADDRESS **720 CORAL WY STE 2B**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **CDT**  DELETE  
 NAME **FELAND, ROBLEY 'ROB' L**  
 STREET ADDRESS **1507 SUNSET DR**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **ST**  DELETE  
 NAME **CALE, MARILYN**  
 STREET ADDRESS **225 HARBOR DR**  
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **TT**  DELETE  
 NAME **SWEENEY, ALLEN**  
 STREET ADDRESS **2000 S BAYSHORE DR**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **RVCT**  DELETE  
 NAME **SCHULTE, JOANNE**  
 STREET ADDRESS **6210 MAGGIARE ST**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED.**

*Joanne Schulte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)