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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 746309

1. Corporation Name

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

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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
NAME GREENFIELD, PRISCILLA
STREET ADDRESS 3194 VIA ABITARE
CITY-ST-ZIP COCONUT GROVE FL 33133

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE RVCT
NAME SCHULTE, JOANNE
STREET ADDRESS 6210 MAGGIARE ST
CITY-ST-ZIP 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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)