

04-27-2005 90313 008 ****61.00
757875

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 MAY 10 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40069141



| | | | | | |
|---|------------------------|---|---|--|-----------------------------------|
| DOCUMENT # 757875 | | | | | |
| 1. Entity Name VIZCAYA HEIGHTS CONDOMINIUM, INC. | | | | | |
| Principal Place of Business 3001 SW 1ST AVE UNIT 102 MIAMI, FL 33129 | | | Mailing Address 3001 SW 1ST AVE UNIT 102 MIAMI, FL 33129 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2183758 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BELBUST, JENNIFER 3001 S.W. 1ST AVE. SUITE 102 MIAMI, FL 33129 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BELBUSTI, JENNIFER | | NAME | | |
| STREET ADDRESS | 3001 SW 1 AVE UNIT 203 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33129 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GURDOAN, MANUEL | | NAME | | |
| STREET ADDRESS | 3001 SW 1ST AVE #205 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33129 | | CITY-ST-ZIP | | |
| TITLE | DUP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HADDOW, KEN | | NAME | | |
| STREET ADDRESS | 3001 SW 1ST AVE #206 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33129 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BURGOS, MARROWS SUAREZ | | NAME | | |
| STREET ADDRESS | 3001 SW 1ST AVE #103 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33129 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | | |
| <small>Daytime Phone #</small> | | | | | |