


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 08:00 A
Secretary of State

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	



03062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 BELBUST, JENNIFER 3001 S.W. 1ST AVE. SUITE 102 MIAMI, FL 33129
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BELBUSTI, JENNIFER 3001 SW 1 AVE UNIT 203 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GURDOAN, MANUEL 3001 SW 1ST AVE #205 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUP HADDOW, KEN 3001 SW 1ST AVE #206 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGOS, MARROWS SUAREZ 3001 SW 1ST AVE #103 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000565211
05/20/06-80119-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/06 786-370-3640
Date Daytime Phone #