

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 22 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000060

1. Entity Name

VIZCAYA P.U.D. MASTER
HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6401 Congress Ave.

3. Mailing Address

6401 Congress Ave.

Suite, Apt. #, etc.

140

Suite, Apt. #, etc.

140

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

Palm Beach

Zip

33487

Country

Palm Beach

4. FEI Number

100023907131

10/17/03--01055--012 **\$1.25

DO NOT WRITE IN THIS SPACE

12/08/03 01014 04 \$175.00

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Steve Lippman

Street Address (P.O. Box Number is Not Acceptable)

6401 Congress Ave. # 140

City

Boca Raton

FL

Zip Code

33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Steve Lippman/President Oct 8, 2003

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME Kalish, Stan
STREET ADDRESS 7161 Cataluna Circle
CITY-ST-ZIP Delray Beach, FL 33446

TITLE V
NAME Schulbaum, Robert
STREET ADDRESS 15474 Forenza Circle
CITY-ST-ZIP Delray Beach, FL 33446

TITLE V
NAME Aaronson, Steve
STREET ADDRESS 15458 Forenza Circle
CITY-ST-ZIP Delray Beach, FL 33446

TITLE T
NAME Zeitlin, Mike
STREET ADDRESS 7112 Cataluna Circle
CITY-ST-ZIP Delray Beach, FL 33446

TITLE D
NAME Colby, Joseph
STREET ADDRESS 7267 Demedic Circle
CITY-ST-ZIP Delray Beach, FL 33446

TITLE D
NAME Berrant, Leslie
STREET ADDRESS 7237 Cataluna Circle
CITY-ST-ZIP Delray Beach, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

\$12/24

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Lippman 12/13/03 561 999 9701

Date

Daytime Phone #

CR2E037B (12/02)