

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90293 034 ****61.25

DOCUMENT # N00000000060



1. Entity Name
**VIZCAYA P.U.D. MASTER HOMEOWNERS
ASSOCIATION, INC.**

Principal Place of Business
**6401 CONGRESS AVE
140
BOCA RATON, FL 33487 US**

Mailing Address
**6401 CONGRESS AVE
140
BOCA RATON, FL 33487 US**

94055217



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0841334

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIPPMAN, STEVE
6401 CONGRESS AVE
140
BOCA RATON, FL 33487**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KALISH, STAN
7161 CATALUNA CIRCLE
DELRAY BEACH, FL 33446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SCHULBAUM, ROBERT
15474 FORENZA CIRCLE
DELRAY BEACH, FL 33446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AARONSON, STEVE
15458 FORENZA CIRCLE
DELRAY BEACH, FL 33446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ZEITLIN, MIKE
7112 CATALUNA CIRCLE
DELRAY BEACH, FL 33446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLBY, JACOB
7267 DEMEDIC CIRCLE
DELRAY BEACH, FL 33446** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERRANT, LESLIE
7237 CATALUNA CIRCLE
DELRAY BEACH, FL 33446** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**2V
Aaronsen, Steve
15458 Forenza Circle
Delray Beach, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**S
Saklad, Bernard
15550 Fiorenza Circle
Delray Beach, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/14/04 *16-865-9566*