


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90323 044 ****61.25

DOCUMENT # N00000000060

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



BY: CRS

50010181



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

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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

03042006 Chg-NP CR2E037 (11/05)

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

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

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **T** Change Addition
 NAME **Kalish, Stanley**
 STREET ADDRESS **7161 Cataluna Circle**
 CITY-ST-ZIP **Delray Beach, FL 33446**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **2V** Delete
 NAME **AARONSON, STEVE**
 STREET ADDRESS **15458 FORENZA CIRCLE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **P** Change Addition
 NAME **Zeitlin, Mike**
 STREET ADDRESS **7112 Cataluna Circle**
 CITY-ST-ZIP **Delray Beach, FL 33446**

TITLE **S** Delete
 NAME **ZEE, BARBARA**
 STREET ADDRESS **7028 CATALUNA CIRCLE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Mike Zeitlin **4/4/06** **561-638-6330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #