


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State


04-16-2007 90332 016 ****61.25

DOCUMENT # N00000000060 1. Entity Name VIZCAYA P.U.D. MASTER HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 6401 CONGRESS AVE 140 BOCA RATON, FL 33487 US	Mailing Address 6401 CONGRESS AVE 140 BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE

400640854608



04122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0841334	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

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

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KALISH, STANLEY 7161 CATALUNA CIRCLE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULBAUM, ROBERT 15474 FORENZA CIRCLE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V AARONSON, STEVE 15458 FORENZA CIRCLE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEITLIN, MIKE 7112 CATALUNA CIRCLE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEE, BARBARA 7028 CATALUNA CIRCLE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRANT, LESLIE 7237 CATALUNA CIRCLE DELRAY BEACH, FL 33446

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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:  **4/13/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #