2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000060

1. Entity Name

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

Principal Place of Business

BOCA RATON, FL 33487

Mailing Address

6401 CONGRESS AVE

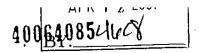
6401 CONGRESS AVE

140

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33487 US

Apr 16, 2007 8:00 am Secretary of State





04122007 No Chg-NP

CR2E037 (4/06)

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			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 Signaturie, 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, 2007	Election Campaign Financi Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	
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				
NAME STREET ADDRESS CITY-ST-ZIP	2V AARONSÓN, STEVE 15458 FORENZA CIRCLE DELRAY BEACH, FL 33446		DO NOT WRITE IN THIS SPACE		
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				

12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplierental 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 trystee 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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Daytime Phone #