

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

2008 MAY 29 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

1200 S. Rogers Circle

Suite, Apt. #, etc. Ste 3

City & State Boca Raton FL

Zip 33487

Country

3. Mailing Address

1200 S Rogers Circle

Suite, Apt. #, etc. Ste 3

City & State Boca Raton FL

Zip 33487

Country

04142008 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

Name Karen Lippman
Street Address (P.O. Box Number is Not Acceptable)
1200 S Rogers Circle Ste 3
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

Karen Lippman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/08

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klausner, Carol	
STREET ADDRESS	15797 Vivianco Street	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2nd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berrant, Leslie	
STREET ADDRESS	7237 Cataluna Circle	
CITY-ST-ZIP	Delray Beach FL 33446	

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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:

Michael Zeitlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

561-638-6330
Daytime Phone #