


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90150 001 ****61.25

DOCUMENT # N00000002047 1. Entity Name VIZCAYA MASTER HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 8000 THE ESPLANADE ORLANDO FL 32836	Mailing Address 8000 THE ESPLANADE ORLANDO FL 32836
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20054050



1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3676043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOHN, DAVID 8000 THE ESPLANADE ORLANDO FL 32836	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD RASKIN, ALENE S <input checked="" type="checkbox"/> Delete
NAME	8000 THE ESPLANADE
STREET ADDRESS	ORLANDO FL 32836
CITY-ST-ZIP	
TITLE	VPD TORRES, JUDY <input type="checkbox"/> Delete
NAME	8000 THE ESPLANADE
STREET ADDRESS	ORLANDO FL 32836
CITY-ST-ZIP	
TITLE	STD RUSKIN, ALENE S <input type="checkbox"/> Delete
NAME	8000 THE ESPLANADE
STREET ADDRESS	ORLANDO FL 32836
CITY-ST-ZIP	
TITLE	D SILVERMAN, GARY <input type="checkbox"/> Delete
NAME	8238 LIVERND DRIVE
STREET ADDRESS	ORLANDO FL 32836
CITY-ST-ZIP	
TITLE	D UNWIN, TOBY <input type="checkbox"/> Delete
NAME	8044 FIRENZE BLVD
STREET ADDRESS	ORLANDO FL 32836
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHN, DAVID
STREET ADDRESS	8000 THE ESPLANADE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASKIN, ALENE S.
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: DAVID KOHN Date: 4/25/05 Daytime Phone #: (407) 370-6400