


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

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90061 019 \*\*\*\*61.25

<b>DOCUMENT # N00000002047</b>			
1. Entity Name VIZCAYA MASTER HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 8000 THE ESPLANADE ORLANDO, FL 32836		Mailing Address 8000 THE ESPLANADE ORLANDO, FL 32836	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 530066	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando	
Zip	Country	Zip	Country
		32835	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOHN, DAVID 8000 THE ESPLANADE ORLANDO, FL 32836		Name Street Address (P.O. Box Number is Not Acceptable) 7380 W. Sand Lake Rd, Ste. 420 City Orlando FL Zip Code 32819	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHN, DAVID	NAME	
STREET ADDRESS	8000 THE ESPLANADE	STREET ADDRESS	7380 W. Sand Lake Rd., Ste. 420
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	Orlando, FL 32819
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, JUDY	NAME	
STREET ADDRESS	8000 THE ESPLANADE	STREET ADDRESS	7380 W. Sand Lake Rd., Ste. 420
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	Orlando, FL 32819
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASKIN, ALENE E.	NAME	
STREET ADDRESS	8000 THE ESPLANADE	STREET ADDRESS	7380 W. Sand Lake Rd., Ste. 420
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	Orlando, FL 32819
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, GARY	NAME	
STREET ADDRESS	8238 LIVERND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNWIN, TOBY	NAME	
STREET ADDRESS	8044 FIRENZE BLVD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			