2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000002047

1. Entity Name

VIZCAYA MASTER HOMEOWNERS' ASSOCIATION, INC.



FILED Apr 22, 2003 8:00 am Secretary of State
04-22-2003 90063 009 ****70.00

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Principal Place of Business 3000 THE ESPLANADE DRLANDO FL 32836			Mailing Address 8000 THE ESPLANADE ORLANDO FL 32836			11006445					
2. Principal Place of Business 3.			. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 59-3676043 Applied For					
Country Zip			Country			5. Certificate of Status Desired \$8.75 Additional					
6 Name and Address of Current Resistant Asset						1 CO HOQUIBU					
o. INSITIE STIG AGGRESS OF CUTTERN REGISTERED AGENT											
KOHN, DAVID 8000 THE ESPLANADE ORLANDO FL 32836					Street Address (P.O. Box Number is Not Acceptable)						
O FL 32030				City				F!	Zip Cod	e	
tions of regist	ered agent.				·		State of Flor	DATE	familiar with,	and accept	
T FILE NOW: FEE IS 301.23						Added to Fees	Florid	a Depa	rtment of	State	
8000 THE	ESPLANADE	□ D	NA St	AME REET ADDRESS					☐ Change	☐ Addition	
VPD SCHULT, 8000 THE	JUDY ESPLANADE	□ D	NA ST	AME REET ADDRESS	TOR	RES, JULY	,		Change	☐ Addition	
STD RUSKIN, A 8000 THE	LENE S ESPLANADE	□ D	NA ST	AME REET ADDRESS	RAS	KIN, ALEN	£ 5.		Change	Addition	
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			NA Sti	ME REET ADDRESS		,			☐ Change	☐ Addition	
	AVID E ESPLANA D FL 32836 Place of Busin #, etc. e 6. Name AVID E ESPLANA D FL 32836 Place of Busin FILE NOW PD KOHN, DA 8000 THE ORLANDO VPD SCHULT, 8000 THE ORLANDO STD RUSKIN, A 8000 THE ORLANDO	LANADE 32836 Place of Business #, etc. #, etc. Country 6. Name and Address of Curre AVID E ESPLANADE D FL 32836 Inamed entity submits this statementions of registered agent. Signature, typed or printed name of registered agent. OFFICERS AND PD KOHN, DAVID 8000 THE ESPLANADE ORLANDO FL 32836 VPD SCHULT, JUDY 8000 THE ESPLANADE ORLANDO FL 32836 ORLANDO FL 32836 ORLANDO FL 32836	LANADE 32836 SOUTHE ESPLANADE ORLANDO FL 32 Place of Business 3. Mailing Address of Current Registered Agent. AVID ESPLANADE OF L 32836 Country Zip 6. Name and Address of Current Registered Agent. AVID ESPLANADE OF L 32836 Country Stgnature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 PD D D D D D D D D D D D D D D D D D D	ANDE 32836 Place of Business 3. Mailing Address #, etc. Country Zip Country Zip Country Zip Country ANDE ESPLANADE DFL 32836 Country File Row: FEE IS \$61.25 PD KOHN, DAVID 3000 THE ESPLANADE ORLANDO FL 32836 CI COFFICERS AND DIRECTORS PD KOHN, DAVID SOUNTHE ESPLANADE ORLANDO FL 32836 CI CI CI CI CI CI CI CI CI C	Mailing Address LANADE BOOD THE ESPLANADE ORLANDO FL 32836 Place of Business Janabe BOOD THE ESPLANADE ORLANDO FL 32836 Place of Business Janabe BOOD THE ESPLANADE ORLANDO FL 32836 A Mailing Address Janabe Bood THE ESPLANADE ORLANDO FL 32836 City & State Country Zip Country Zip Country Street Agent Name AVID E ESPLANADE OFFL 32836 City Inamed entity submits this statement for the purpose of changing its registered office or ions of registered agent. WOTE Registered Agent signature, typed or printed name of registered agent and title if applicable. WOTE Registered Agent signature. WOTE Registered Agent signature. WOTE Registered Agent signature. WOTE Registered Agent signature. WOTE Registered Office or ions of registered agent and title if applicable. WOTE Registered Agent signature. WOTE Registered Office or ions of registered agent and title if applicable. WOTE Registered Agent signature. WOTE Registered Agent signature. WOTE Registered Agent signature. WOTE Registered Agent signature. WOTE Registered Office or ions of registered agent and title if applicable. WOTE Registered Agent signature. WOTE Registered Office or ions of registered agent age	Mailing Address LANADE 32336 Mailing Address 8000 THE ESPLANADE ORLANDO FL 32836 M, etc. Suite, Apt. #, etc. Country City Street Address (F. City Country City Cit	Mailing Address BOO THE ESPLANADE BOOTHE ESPLANADE BOOTHE ESPLANADE BOOTHE ESPLANADE BOOTHE ESPLANADE BOOTHE ESPLANADE Clty & State Clty Country Street Address (F.O. Box Number is Not Name Clty Clty Clty Clty Clty Clty Clty Clty	Mailing Address Boo THE ESPLANADE ORLANDO FL 32838 #, etc. Surio, Apt. #, etc. CHECK HERE I. Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent T. Name and Address of New Ri AND Street Address (P.O. Box Number is Not Acceptable) DFL 32838 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridors of registered agent. Street Address (P.O. Box Number is Not Acceptable) DFL 32838 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridors of registered agent. Street Address (P.O. Box Number is Not Acceptable) Title NOW: FEE IS \$61.25 P. Election Campaign Financing \$5.00 May Be Adde to Fee Portices And Contribution. ADDITIONS/CHANGES TO OFFICER PORTICES TURK IN AME SINET ADDRESS CITY-51.2P Delde TITLE NAME SINET ADDRESS CITY-51.2P TURK IN ALENE S. BOOD THE ESPLANADE Delde TITLE NAME SINET ADDRESS CITY-51.2P TURK IN ALENE S. Delde TITLE NAME SINET ADDRESS CITY-51.2P TURK IN ALENE S. Delde TITLE NAME SINET ADDRESS CITY-51.2P TURK IN ALENE S. Delde TITLE NAME SINET ADDRESS CITY-51.2P CITY-51.2P CITY-51.2P TURK IN ALENE S. Delde TITLE NAME SINET ADDRESS CITY-51.2P CITY-51.	Mailing Address BOO THE ESPLANADE ORLAND FL 3888 #, etc. Surbo, Apt. #, etc. Check Here if Makin # country Zip Country Country Zip Country Country Zip Country 6. Name and Address of Current Registered Agent Name Andress Stroot Address (P.O. Box Number is Not Acceptable) FL 32836 City File City File	Mailing Address LANADE BOOTHE ESPANADE ORLANDO FL 32888 # etc. Suffe, Apt. 4, etc. Country Coun	

indicated on this report or supplemental report is true and abdurate 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 expecute 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 pile like empowered.

SIGNATURE:

SIGNATUR ED LAVID KOHN

4/16/03

(407) 370-6400