## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 31, 2002 8:00 am DOCUMENT # N0000007939 **Secretary of State** VIZCAYA AT MIRASOL PROPERTY OWNERS ASSOCIATION. 03-31-2002 90333 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 11400 NURSERY LANE 8430 ENTERPRISE CIRCLE, SUITE 100 PALM BEACH GARDENS FL 33418 **BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1058390 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PESHKIN, JOHN R Street Address (P.O. Box Number is Not Acceptable) 8430 ENTERPRISE CIRCLE, SUITE 100 **BRADENTON FL 34202** City Zip Code 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. SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE Delete TITLE PERNA, CRAIG A NAME NAME 11400 NURSERY LANE STREET ADORESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE □ Change CHOROST, AARON NAME NAME 11400 NURSERY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP DTS ☐ Addition TITLE TITLE BAKAN, STEVEN A NAME NAME Bakan, Steven A. 7120 SOUTH BENEVA ROAD STREET ADDRESS STREET ADDRESS 8430 Enterprise Circle, Suite 100 CITY-ST-7IP CITY-ST-7IP SARASOTA FL 34238 Bradenton, EL 34202 Change Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 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 Chapler 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Signature requir**é** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

RAIG A. PERNA

Daytime Phone #