## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007939

FILED Apr 29, 2004 Secretary of State

Entity Name: VIZCAYA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 11400 NURSERY LANE PALM BEACH GARDENS, FL 33418 **Current Mailing Address: New Mailing Address:** 8430 ENTERPRISE CIRCLE, STE 100 21045 COMMERCIAL TRL BOCA RATON, FL 33486 BRADENTON, FL 342024108 FEI Number: 65-1058390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ISAACSON, WILLIAM K SPENCER, MARC I 877 EXECÚTIVE CENTER DR. W. C/O LANG MANAGEMENT COMPANY 21045 COMMERCIAL TRL SUITE 205 BOCA RATON, FL 33486 US ST. PETERSBURG, FL 337022472 US 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: MARC I. SPENCER 04/29/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PERNA, CRAIG A Name: Name: 11400 NURSERY LANE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: DVAT (X) Change ( ) Addition CHOROST, AARON Name: CHOROST, AARON M Name: Address: 11400 NURSERY LANE Address: 11400 NURSERY LANE City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: DST () Delete Title: VST (X) Change ( ) Addition BAKAN, STEVEN A Name: BRATT, C. ALEXANDER Name: 8430 ENTERPRISE CIRCLE SUITE 100 8430 ENTERPRISE CIRCLE SUITE 100 Address: Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: BRADENTON, FL 342024108 Title: () Delete Title: DV ( ) Change (X) Addition CLEMENT, EDMUND R JR Name: Name: 11400 NURSERY LANE Address: Address: City-St-Zip: City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: ( ) Change (X) Addition SPENCER, MARC I Name: Name: 877 EXECUTIVE CENTER DR. W., STE 205 Address: Address: City-St-Zip: City-St-Zip: ST. PETERSBURG, FL 337022472

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG A. PERNA P 04/29/2004