

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90285 046 ****70.00

DOCUMENT # N00000007939

1. Entity Name
**VIZCAYA AT MIRASOL PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**21045 COMMERCIAL TR
BOCA RATON, FL 33486**

Mailing Address
**21045 COMMERCIAL TR
BOCA RATON, FL 33486**

40087410



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-1058390

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAACSON, WILLIAM K C/O
LANG MANAGEMENT CO
21045 COMMERCIAL TR
BOCA RATON, FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME **P**
STREET ADDRESS **ROSEN, AL**
CITY-ST-ZIP **329 VIZCAYA DR
WEST PALM BEACH, FL 33415**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **ROSEN, AL**
CITY-ST-ZIP **329 VIZCAYA DR.
PALM BEACH GONS. FL 33418**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **AMROD, PAUL**
CITY-ST-ZIP **327 VIZCAYA DR
PALM BEACH GARDENS, FL 33418**

TITLE ☒ Change ☐ Addition
NAME **2ND VP**
STREET ADDRESS **AMROD, PAUL**
CITY-ST-ZIP **329 VIZCAYA DR.
PALM BEACH GONS. FL 33418**

TITLE ☐ Delete
NAME **1VP**
STREET ADDRESS **DEANGELIS, VINCE**
CITY-ST-ZIP **128 VIZCAYA ESTATE DR
PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **GALLAGO, CHUCK**
CITY-ST-ZIP **121 VIZCAYA ESTATES DR.
PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☒ Addition
NAME **MARKS, MAJOR**
STREET ADDRESS **328 VIZCAYA DR.**
CITY-ST-ZIP **PALM BEACH GONS. FL 33418**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HANESCHLAGER, PATRICIA**
CITY-ST-ZIP **218 VIA EMILIA WAY
PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/06