

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90056 018 ****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**

40100000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, AL	
STREET ADDRESS	329 VIZCAYA DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	AMROD, PAUL	
STREET ADDRESS	327 VIZCAYA DR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	DEANGELIS, VINCE	
STREET ADDRESS	128 VIZCAYA ESTATE DR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MAJOR, MARK	
STREET ADDRESS	328 VICAVA DR	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HANESCHLAGER, PATRICIA	
STREET ADDRESS	218 VIA EMILIA WAY	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Dash	
STREET ADDRESS	111 vizcaya estates dr	
CITY-ST-ZIP	PBG, FL 33418	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Schneider	
STREET ADDRESS	113 vizcaya estates dr	
CITY-ST-ZIP	PBG, FL 33418	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stanley Weiss	
STREET ADDRESS	349 vizcaya dr	
CITY-ST-ZIP	PBG, FL 33418	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jordan Schneider	
STREET ADDRESS	115 vizcaya estates dr	
CITY-ST-ZIP	PBG, FL 33418	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lester Berman	
STREET ADDRESS	336 vizcaya dr	
CITY-ST-ZIP	PBG, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Betty Schneider* - Treasurer **4/19/07** **307-6602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #