2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90044 034 ****70.00

DOCUMENT # N00000007939

1. Entity Name
VIZCAYA AT MIRASOL PROPERTY OWNERS



ASSOCIATION, INC.									
21045 COMMERCIAL TR 210			railing Address 21045 COMMERCIAL TR 30CA RATON, FL 33486		יטענ	d A A A A A A A A A A A A A A A A A A A			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP CI	R2E037 (12/06)		
City & State		City & State			4. FEI Number 65-1058	4. FEI Number			
Zip	Country	Zíp	Zip Cour		5. Certificate of	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				Name					
LANG MANAGEMENT-CO. 21045 COMMERCIAL TR			Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON, FL 33486									
				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, 2008 9. Election Campai Trust Fund Cont					\$5.00 May Be Added to Fees		check payable to Department of St		
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHAP	NGES TO OFFICERS A	AND DIRECTORS IN	10	
TITLE	Р	Delete	TITLE	V	18		Change	☐ Addition	
NAME CTREET ADDRESS	DASH, RONALD		NAME				·		
STREET ADORESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TRILE			TITLE			·	Change	Addition	
NAME	SCHNEIDER, BETTY		NAME		•		,		
STREET ADORESS	113 VIZCAYA ESTATES DR. SIR			ET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	418	CITY -	-ST-ZIP	•				
TITLE	1VP	Delete	TITLE		•		Change	Addition	
NAME STREET ADDRESS	WEISS, STANLEY 349 VIZCAYA DR.		NAM	ET ADDRESS			•		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	418		-ST-ZIP				ĺ	
TITLE	Т	☐ Delete	TITLE	7	-> VP		⊘ Change	Addition	
NAME	SCHNEIDER, JORDAN		NAM					_	
STREET ADDRESS	115 VIZCAYA ESTATES DR.			ET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	3418	CITY-	-ST-ZIP					
TIFLE	S	☐ Delete	TITLE		S	Lachac	Change 🗹	☐ Addition	
NAME STREET ADDRESS	BERNAN, LESTER 336 VIZCAYA DR.		NAM?	E IS ET ADDRESS ス	$2l_{\bullet}$ $d/2$	24 6 04			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33	3418		-ST-ZIP	ulan Bra	Lester Ma Dr. LL Garder	ns. FL	33412	
TITLE		☐ Delete	TITLE	1 '	<u>((() C</u>	<u> </u>	od change NS, FC ☐ Change	Addition	
NAME		L Deloit	NAMI	6					
STREET ADDRESS				ET ADORESS					
CITY-SI-ZIP CITY-SI 12. Thereby certify that the information supplied with this filling does not qualify for the exem									
12 Thereby (certity that the information supplied with	this tiling does not qualify	/ for the exe	emotions contai	ned in Chanter 119	ciorida Statutes, i furth	her certify that the in	normation I	

Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 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

Daytime Phone #