
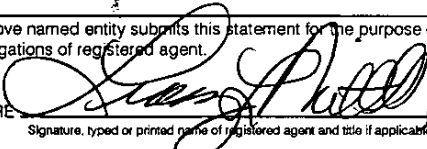
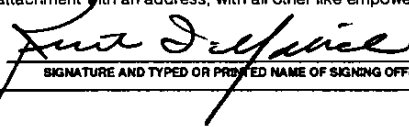


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90016 006 \*\*\*\*61.25

DOCUMENT # N01000005445			
1. Entity Name VIZCAYA HEIGHTS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8000 THE ESPLANADE ORLANDO, FL 32836		Mailing Address 8000 THE ESPLANADE ORLANDO, FL 32836	
2. Principal Place of Business		3. Mailing Address P.O. Box 560698	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando, FL	
Zip	Country	Zip	Country
32856-0698	USA		USA
4. FEI Number 03-0460157		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOHN, DAVID 8000 THE ESPLANADE ORLANDO, FL 32836		Name: TRACY L. Mitchell	
		Street Address (P.O. Box Number is Not Acceptable)	
		709 E. Michigan St.	
		City: Orlando FL Zip Code: 32806	
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: TRACY L. Mitchell	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE: 2/3/05		DATE: 2/3/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	TITLE	PD
NAME	KOHN, DAVUD	NAME	Gurr, Eric
STREET ADDRESS	8000 THE ESPLANADE	STREET ADDRESS	8707 the Esplanade #42
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	Orlando, FL 32836
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	STD	TITLE	R/D
NAME	RASKIN, ALENE S	NAME	Saffert, Marilyn
STREET ADDRESS	8000 THE ESPLANADE	STREET ADDRESS	8707 the Esplanade, #43
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	Orlando, FL 32836
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	STD
NAME	GURR, ERIC C	NAME	Malicky Keith
STREET ADDRESS	8767 THE ESPLANADE, #42	STREET ADDRESS	530 Foxwood Court
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	Orlando, FL 32819
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		DATE: 2/3/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
		Daytime Phone #	