

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90024 039 \*\*\*\*70.00

**DOCUMENT # N02000002426**

1. Entity Name

VIZCAYA VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

350 E 5TH STREET  
HIALEAH FL 33016

Mailing Address

7600 W 20 AVE  
217  
HIALEAH FL 33016

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

340 E 5th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

City & State

Hialeah, FL

Zip

Country

Zip

Country

33016

USA

4. FEI Number

65-0882153

Applied For

Not Applicable

5. Certificate of Status Desired

CR

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRA ASSOCIATION MANAGEMENT SERVICES INC  
7600 W 20 AVE SUITE 217  
HIALEAH FL 33016

Name: Padron, Manuel

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

340 E 5th Street #104

City: Hialeah

FL

Zip Code

33016

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 is not used when resigning)

DATE

3/2/08

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 type="checkbox"/> Delete
NAME	GOODY, EDUARDO JR	
STREET ADDRESS	355 E 4TH STREET	
CITY- ST- ZIP	HIALEAH FL 33016	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, NOEL L	
STREET ADDRESS	340 E 5TH STREET #204	
CITY- ST- ZIP	HIALEAH FL 33016	
TITLE	DD	<input type="checkbox"/> Delete
NAME	PADRON, MANUEL	
STREET ADDRESS	340 E 5TH STREET #104	
CITY- ST- ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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 Section 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:

Manuel Padron

3/2/08