

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90004 012 \*\*\*\*61.25

<b>DOCUMENT # N02000003134</b>	
1. Entity Name <b>BELLAGIO AT VIZCAYA HOMEOWNERS' ASSOCIATION, INC.</b>	



Principal Place of Business <b>1145 SAWGRASS CORP PKWY SUNRISE, FL 33323</b>	Mailing Address <b>1145 SAWGRASS CORP PKWY SUNRISE, FL 33323</b>
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40043043



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>03-0463208</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>KATZMAN &amp; KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAGAN, CARLOS 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LEONEI DROZLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALL, SHELLEY 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SERERICHE, IVAN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** *Carlos Pagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N02000003134</b> 1. Entity Name BELLAGIO AT-VIZCAYA-HOMEOWNERS' ASSOCIATION, INC.			<p style="font-size: 2em; margin: 0;">ATTACHMENT</p> <p style="font-size: 3em; margin: 10px 0;">40043043</p> <p style="margin: 0;">01042007 No Chg-NP CR2E037 (4/06)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 03-0463208</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number 03-0463208	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required							
DO NOT WRITE IN THIS SPACE							
6. Name and Address of Current Registered Agent  KATZMAN & KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309		DO NOT WRITE IN THIS SPACE					
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE	PD						
NAME	PAGAN, CARLOS						
STREET ADDRESS	1145 SAWGRASS CORP PKWY						
CITY - ST - ZIP	SUNRISE, FL 33323						
TITLE	SD						
NAME	WALL, SHELLEY						
STREET ADDRESS	1145 SAWGRASS CORP PKWY						
CITY - ST - ZIP	SUNRISE, FL 33323						
TITLE	TD						
NAME	SERERICHE, IVAN						
STREET ADDRESS	1145 SAWGRASS CORP PKWY						
CITY - ST - ZIP	SUNRISE, FL 33323						
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
TITLE							
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

# ATTACHMENT

## BELLAGIO AT VIZCAYA HOA

Carlos Pagan - President  
12807 SW 51 St.  
Miramar, FL 33027  
305-816-0231 - Home  
954-501-6793 - Cell  
954-680-9121 - Work  
305-816-0219 - Fax  
[eclectus1010@msn.com](mailto:eclectus1010@msn.com)

Ivan Severiche - Treasurer  
12770 SW 50 St.  
Miramar, FL 33027  
305-829-4392 - Home  
954-704-5720 - Fax  
[isuribe@yahoo.com](mailto:isuribe@yahoo.com)

**Third board member to be appointed**

40043043  
#NC2000003134