


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90042 039 \*\*\*\*61.25

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>2. Principal Place of Business - No P.O. Box #</b> 5091 SW 128 Ave		<b>3. Mailing Address</b> 5091 SW 128 Ave			
Suite, Apt. #, etc. Miramar		Suite, Apt. #, etc.			
City & State Florida		City & State Miramar Florida			
Zip 33027	Country USA	Zip 33027	Country	<b>4. FEI Number</b> 03-0463208	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KATZMAN & KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name: Bakalar & Eichner, P.A. Street Address (P.O. Box Number is Not Acceptable): 150 South Pine Island Rd Ste 540 City: Plantation FL Zip Code: 33324		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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	S OROZCO, LEONEL 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323	<input type="checkbox"/> Delete			
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"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>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 live empowered.</b>			<b>SIGNATURE:</b> <i>Carlos A. Pagan</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #