## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004532

FILED May 08, 2006 Secretary of State

Entity Name: VIZCAYA AT WATERFORD HOMEOWNERS ASSOCIATION, INC

Current Pi	rincipal Place of Business:	New Principal Place of Business:
135 W PIN	ITIAL GROUP SOUTH EVIEW STREET TE SPRINGS, FL 32714	PROPERTY FIRST, INC. 221 WALTON HEATH DRIVE ORLANDO, FL 32728
Current Mailing Address:		New Mailing Address:
135 W PIN	ITIAL GROUP SOUTH EVIEW STREET TE SPRINGS, FL 32714	PROPERTY FIRST, INC. 221 WALTON HEATH DRIVE ORLANDO, FL 32728
FEI Number: In accordance	38-3652650 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did n	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) ot receive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
135 W PIN	ITIAL GROUP SOUTH EVIEW STREET TE SPRINGS, FL 32714 US	PROPERTY FIRST, INC. 221 WALTON HEATH DRIVE ORLANDO, FLORIDA, FL 32728 US
The above in the State		purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE: BETH PALMER	05/08/2006
	Electronic Signature of Registered Ag	ent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P (X) Delete SRAMEK, JAMES 12732 SOPHIAMARIE LOOP ORLANDO, FL 32828	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address:	VP () Delete LORRAINE, CASTILLO P.O. BOX 780943	Title: ( ) Change ( ) Addition Name: Address:
City-St-Zip:	ORLANDO, FL 32828	City-St-Zip:
City-St-Zip: Title: Name: Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STYER PD 05/08/2006