2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State
04-06-2006 90002 045 ****61.25

DOCUMENT # N02000008468

1. Entity Name
VIZCAYA COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1145 SAWGRASS PARKWAY FORT LAUDERDALE, FL 33323	1145 SAWGRASS CORP PKWY SUNRISE, FL 33323

400A4[illegible]

01182006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
45-0510503
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KATZMAN & KORR
1501 NW 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309

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

RECEIVED
JAN 31 2006

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	DECICCO, ANN
STREET ADDRESS	1145 SAWGRASS PKWY
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	DP
NAME	PEREZ, FRANCISCO
STREET ADDRESS	1145 SAWGRASS CORP PKWY
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	DT
NAME	FLUTY, PAUL
STREET ADDRESS	1145 SAWGRASS PKWY
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	3860
NAME	5041
STREET ADDRESS	DDN 1/27/06
CITY-ST-ZIP	

PROPERTY _____
DATE RECD JAN 3 - 2006
G/L CODE 5041 AMOUNT 61.25
APPROVED BY: _____
CK# 5218 CK DATE 2/26 MAIL DATE _____

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #