

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000387

FILED
Apr 28, 2009
Secretary of State

Entity Name: VISCAYA HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 TERRACE BLVD
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 TERRACE BLVD
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 82-0567400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, TRACEY M
1109 LATTI LANE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEGHDADI, GHOLAMALI
Address: 1749 VISCAYA COVE
City-St-Zip: LONGWOOD, FL 32779

Title: DPS () Delete
Name: SMITH, TRACY M
Address: 1109 LATTI LANE
City-St-Zip: ORLANDO, FL 32804

Title: DT () Delete
Name: WEISMAN, MYLES F
Address: 2180 TERRACE BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: DV () Delete
Name: MADDEN, MICHAEL D
Address: 537 ONE CENTER BLVD #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MYLES WEISMAN

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date