

Amended

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:01

DOCUMENT # NO3000000387  
1. Entity Name  
Viscaya Home Owners Association, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>Viscaya Subdivision</u>		3. Mailing Address <u>Viscaya Home Owners Association</u>	
Suite, Apt. #, etc. <u>1749-1754 Viscaya Cove</u>		Suite, Apt. #, etc. <u>2180 Terrace Blvd</u>	
City & State <u>Longwood, FL</u>		City & State <u>Longwood, FL</u>	
Zip <u>32779</u>	Country <u>USA</u>	Zip <u>32779</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Tracey M. Smith</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1109 Latta Lane</u>
City <u>Orlando</u>
State <u>FL</u>
Zip Code <u>32804</u>

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.

SIGNATURE Tracey M. Smith TRACEY M. SMITH 05/13/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when changing.) DATE

FEE IS \$61.25 Initial or Amended UBR  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gholamali Meghdadi 1749 Viscaya Cove Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000000602201 10/25/02--01124--005 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President & Secretary Tracey M. Smith 1109 Latta Lane Orlando, FL 32804	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Treasurer Myles Weisman 2180 Terrace Blvd Longwood, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Vice President Michael D. Madden 537 One Center Blvd. #201 Altamonte Springs, FL 32716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tracey M. Smith Tracey M. Smith, President 05/13/02 407-481-8733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/6/02 au

CR2E037B (12/01)