


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90118 003 \*\*\*\*61.25

<b>DOCUMENT # N03000006102</b> 1. Entity Name <b>VIZCAYA AT BURNT STORE ISLES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>100 MADRID BOULEVARD, SUITE 212 PUNTA GORDA, FL 33950</b>			Mailing Address <b>100 MADRID BOULEVARD, SUITE 212 PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WETZEL, MARK S &amp; J DIVERSIFIED, LC 100 MADRID BOULEVARD, SUITE 212 PUNTA GORDA, FL 33950</b>				Name <b>STAR Hospitality Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>6025 Taylor Rd #2</b> City <b>Punta Gorda</b> FL Zip Code <b>33950</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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE <i>Mark Wetzels</i>  <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: center;"> <i>4/29/5</i>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>STEPHENSON, JACK F</b> <b>100 MADRID BOULEVARD, SUITE 212 PUNTA GORDA, FL 33950</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>WETZEL, MARK</b> <b>100 MADRID BOULEVARD, SUITE 212 PUNTA GORDA, FL 33950</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>JOHNS, ALFRED M</b> <b>100 MADRID BOULEVARD, SUITE 212 PUNTA GORDA, FL 33950</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Howard. SNAUFER</b> <b>100 Madrid Blvd #213</b> <b>Punta Gorda, FL 33950</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Mark Wetzels</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> <i>4/29/5</i>  <small>DATE</small> </div> <div style="width: 40%; text-align: center;"> <b>RECEIVED</b>  <b>MAY 03 2005</b>  <b>DBPR</b>  <b>REVENUE</b> </div> </div>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					