## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006102

1. Entity Name
VIZCAYA AT BURNT STORE ISLES CONDOMINIUM
ASSOCIATION, INC.

## **FILED** Aug 04, 2006 8:00 am Secretary of State

08-04-2006 90015 021 \*\*\*\*61.25

| L  |  |  | 2001                          |  |   |                  |   |                            |  |
|--|--|--|-------------------------------|--|---|------------------|---|----------------------------|--|
|  | e of Business<br>BOULEVARD, SUITE 212<br>DA, FL 33950  | Mailing Address<br>100 MADRID BOULEVARD<br>PUNTA GORDA, FL 33950 |                               |  |   |                  | 500241                                    | 80                         |  |
| 2. Principal P   | Star Hospitality                                       | Cho Star  3. Mailing Address.                                    | Hospital                      | ity  |   |                  |   |                            |  |
| Suite, Apt. #, etc., Suite, Apt. #, etc.   |  | Q025 10  | laylor Ko                     |  |   |                  |   |                            |  |
| 3ule, Apt. #, etc. # 2   |  | H Z  |                               |  |   | hg-NP<br>        | CR2E037 (4/06)                            |                            |  |
| Punta Gorda, 21  |  | Punta 601  | da, H                         | 0  | 4. FEI Number Applied For 20-1013293 Not Applie |                  |   | plied For<br>at Applicable |  |
| <sup>Zip</sup> 33  | 950 USA  | 33950  | curs.A                        |  | 5. Certificate of S                             | tatus Desired    | \$8.75 Add<br>Fee Require                 | litional<br>d              |  |
| 6. Name and Address of Current Registered Agent  |  |  |                               | 7. Name and Address of New Registered Agent        |   |                  |   |                            |  |
| STAR HOSPITALITY MGMT.   |  |  |                               | Name   |   |                  |   |                            |  |
| 6025 TAYLOR RD. #2<br>PUNTA GORDA, FL 33950  |  |  | Street Ad                     | Street Address (P.O. Box Number is Not Acceptable) |   |                  |   |                            |  |
| PONIAG   | ONDA, 1 E 33330  |  |                               |  |   |                  | <del>-</del> -                            |                            |  |
|  |  |  | City                          |  |   |                  | FL Zip Cod                                | 8                          |  |
|  | named entity submits this statement for                | r the purpose of changing its re                                 | gistered office or            | register   | ed agent, or both, in                           | the State of Flo | rida. I am familiar with,                 | and accept                 |  |
| the obligat  | tions of registered agent.                             |  |                               |  |   |                  |   |                            |  |
| SIGNATURE  | Sherry Danle   | 7  |                               |  |   |                  | 7-26-                                     | 06                         |  |
| Oldivaloriz  | Signature, typed or printed game of registered agent a | and title if applicable. (NOTE: R                                | egistered Agent signatur      | re required  | when rainstating)                               |                  | DATE                                      |                            |  |
| Filing Fee is \$61,25  Due by September 6, 2006  9. Election Campaig Trust Fund Contri |  |  |                               |  | \$5.00 May Be<br>Added to Fees                  |                  | ake check payable t<br>da Department of S |                            |  |
| 10.  | OFFICERS AND DIF                                       | RECTORS  | 11.                           | A  | ADDITIONS/CHANG                                 | ES TO OFFICE     | RS AND DIRECTORS IN                       | 10                         |  |
| TITLE  | PĎ   | . 🖊 Delete   | TITLE                         | Pre:   | sident  | •                | ☐ Change                                  | Addition                   |  |
| NAME   | STEPHENSON, JACK F                                     |  | NAME                          | <u> </u>   | y Huber<br>,379 Sti                             | الريم عادر       | cic                                       |                            |  |
| STREET ADDRESS CITY-ST-ZIP   | 100 MADRID BOULEVARD, SUIT<br>PUNTA GORDA, FL 33950    | IE 212   | STREET ADDRESS<br>CITY-ST-ZIP | 26   | 14 20000  | 1.00             | 23955                                     |                            |  |
| TITLE  | VD   | Delete   |                               | LIL E  | y Presid  | ent              | . Change                                  | Addition                   |  |
| NAME   | WETZEL, MARK   | <b>∟</b> Dexele  | NAME                          | Ka   |   | nanske           | - Chounde                                 | Control                    |  |
| STREET ADDRESS   | <u>-</u>   | TE 212   | STREET ADDRESS                | LI.  | 12 ma   | son Ra           | <b>!</b>                                  |                            |  |
| CITY-ST-ZIP  | PUNTA GORDA, FL 33950                                  |  | CITY-ST-ZIP                   | <u> </u>   | ellaire   | m <u>s</u>       | 49315                                     |                            |  |
| TITLE  | SD   | Delete   | TITLE                         | 5e   | c/Tres  |                  | ☐ Change                                  | Addition                   |  |
| NAME   | SNAUFFER, HOWARD                                       |  | NAME                          | Lι   | oda Hu  | ber<br>illwate   | ccir                                      |                            |  |
| STREET ADDRESS   | 100 MADRID BLVD. #213<br>PUNTA GORDA, FL 33950         |  | STREET ADORESS<br>CITY-ST-ZIP | 35   |   | orda 5           | 4.33955                                   |                            |  |
| TITLE  | 1 Ollin Conton, 1 E Good                               | ☐ Delete   | TITLE                         |  | an rac or                                       | 7100,5           | ☐ Change                                  | Addition                   |  |
| NAME   | ]  |  | NAME                          |  |   |                  |   |                            |  |
| STREET ADDRESS   |  |  | STREET ADDRESS                |  |   |                  |   |                            |  |
|  |  |  |                               |  |   |                  |   |                            |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP                   |  |   |                  |   |                            |  |
| TITLE  |  | ☐ Delete   | TITLE                         |  |   |                  | ☐ Change                                  | Addition                   |  |
| TITLE<br>NAME  |  | ☐ Delete   | TITLE<br>NAME                 |  |   |                  | ☐ Change                                  | Addition                   |  |
| TITLE  |  | ☐ Delete   | TITLE                         |  |   |                  | ☐ Change                                  | ☐ Addition                 |  |

12. I hereby certify that the information supplied with this filling 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 five empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ De lete

Daytime Phone #