


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90061 018 \*\*\*\*61.25

DOCUMENT # N03000010806					
1. Entity Name VIZCAYA HEIGHTS MULTICONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8000 THE ESPLANADE ORLANDO, FL 32836			Mailing Address 8000 THE ESPLANADE ORLANDO, FL 32836		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 530066			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262007 Chg-NP CR2E037 (12/06)	
City & State		City & State Orlando		4. FEI Number 01-0810287	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32853		Country USA			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KOHN, DAVID 8000 THE ESPLANADE ORLANDO, FL 32836			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			7380 W. Sand Lake Rd., Ste. 420		
			City Orlando		FL Zip Code 32819
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$67.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOHN, DAVID		NAME		
STREET ADDRESS	8000 THE ESPLANADE		STREET ADDRESS	7380 W. Sand Lake Rd, Ste. 420	
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP	Orlando, FL 32819	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULT, JUDY		NAME		
STREET ADDRESS	8000 THE ESPLANADE		STREET ADDRESS	7380 W. Sand Lake Rd, Ste. 420	
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP	Orlando, FL 32819	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RASKIN, ALENE S		NAME		
STREET ADDRESS	8000 THE ESPLANADE		STREET ADDRESS	7380 W. Sand Lake Rd, Ste. 420	
CITY-ST-ZIP	ORLANDO, FL 32836		CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASI, RITA		NAME		
STREET ADDRESS	8761 THE ESPLANADE, #29		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32853		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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