

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-01-2005 90016 038 ****61.25

DOCUMENT # N04000006126

1. Entity Name
VIZCAYA HOMEOWNERS' ASSOCIATION, INC., OF
ESCAMBIA COUNTY



Principal Place of Business
2425 WEST NINE MILE ROAD SUITE 7
PENSACOLA, FL 32534

Mailing Address
2425 WEST NINE MILE ROAD SUITE 7
PENSACOLA, FL 32534

66010814



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

20-1138905

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELVIN, JACKIE P
2425 WEST NINE MILE ROAD SUITE 7
PENSACOLA, FL 32534

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 D ☐ Delete
NAME WEBER, JAY W
STREET ADDRESS 3800 AIRPORT BLVD SUITE 200
CITY-ST-ZIP MOBILE, AL 36608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MELVIN, JACKIE P
STREET ADDRESS 2425 WEST NINE MILE ROAD SUITE 7
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME EDGAR, CHARLES H JR
STREET ADDRESS 2425 WEST NINE MILE ROAD SUITE 7
CITY-ST-ZIP PENSACOLA, FL 32534

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-2005

251-343-8198

Date

Daytime Phone #