

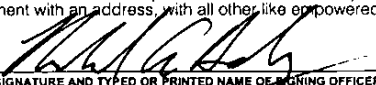


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90023 018 ****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																										
2. Principal Place of Business - No P.O. Box # 4950 VIZCAYA DRIVE		3. Mailing Address P. O. BOX 34154																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State PENSACOLA, FL		City & State PENSACOLA, FL		4. FEI Number 20-1138905																									
Zip 32507		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MELVIN, JACKIE P 2425 WEST NINE MILE ROAD SUITE 7 PENSACOLA, FL 32534		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> <td colspan="2" style="padding: 2px;">RICHARD A. HALSEY</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;">4950 VIZCAYA DRIVE</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> <td colspan="2" style="padding: 2px;">PENSACOLA</td> </tr> <tr> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;">Zip Code 32507</td> </tr> </table>				Name		RICHARD A. HALSEY		Street Address (P.O. Box Number is Not Acceptable)						4950 VIZCAYA DRIVE		City		PENSACOLA				FL				Zip Code 32507	
Name		RICHARD A. HALSEY																											
Street Address (P.O. Box Number is Not Acceptable)																													
		4950 VIZCAYA DRIVE																											
City		PENSACOLA																											
		FL																											
		Zip Code 32507																											
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 		RICHARD A. HALSEY		2-14-2008																									
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																											
TITLE	D,S <input checked="" type="checkbox"/> Delete	TITLE	D,P,S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																										
NAME	WEBER, JAY W	NAME	RICHARD A. HALSEY																										
STREET ADDRESS	3800 AIRPORT BLVD., SUITE 200	STREET ADDRESS	4950 VIZCAYA DRIVE																										
CITY-ST-ZIP	MOBILE, AL 36608	CITY-ST-ZIP	PENSACOLA, FL 32507																										
TITLE	D,P <input checked="" type="checkbox"/> Delete	TITLE	D,VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																										
NAME	MELVIN, JACKIE P	NAME	JOHN HIGGINS																										
STREET ADDRESS	2425 WEST NINE MILE ROAD SUITE 7	STREET ADDRESS	4906 VIZCAYA DRIVE																										
CITY-ST-ZIP	PENSACOLA, FL 32534	CITY-ST-ZIP	PENSACOLA, FL 32507																										
TITLE	D,VP <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																										
NAME	EDGAR, CHARLES H JR	NAME	JOE BOMMARITO																										
STREET ADDRESS	2425 WEST NINE MILE ROAD SUITE 7	STREET ADDRESS	4901 VIZCAYA DRIVE																										
CITY-ST-ZIP	PENSACOLA, FL 32534	CITY-ST-ZIP	PENSACOLA, FL 32507																										
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																										
NAME	LORD, L. ELLIS	NAME	TRAVIS BOYD																										
STREET ADDRESS	3800 AIRPORT BLVD., SUITE 200	STREET ADDRESS	4918 VIZCAYA DRIVE																										
CITY-ST-ZIP	MOBILE, AL 36608	CITY-ST-ZIP	PENSACOLA, FL 32507																										
TITLE	<input type="checkbox"/> Delete	TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																										
NAME		NAME	CARL STONE																										
STREET ADDRESS		STREET ADDRESS	4931 VIZCAYA DRIVE																										
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA, FL 32507																										
TITLE	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																										
NAME		NAME	CHARLES H. EDGAR, JR.																										
STREET ADDRESS		STREET ADDRESS	2425 WEST NINE MILE RD., SUITE 7																										
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA, FL 32534																										
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: 		2-14-2008 850/492-7494																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																											