

FILED
Jun 29, 2006 8:00 am
Secretary of State

05-04-2006 90206 012 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N05000001458			
1. Entity Name THE VIZCAYA FALLS MASTER HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 825 CORAL RIDGE DR CORAL SPRINGS, FL 33071		Mailing Address 825 CORAL RIDGE DR CORAL SPRINGS, FL 33071	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4921193		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAKE, JENNIFER BALES ESQ BECKER & POLIAKOFF, P.A. 3111 STIRLING RD FT-LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent	
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 returning)			
DATE _____			
Filing Fee is \$81.25 Due by May 1, 2006		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 _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☒ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☒ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition	
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 or authorized to file 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 business, with all other like empowered.			
SIGNATURE: _____		APR 24 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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04062006 Chg-NP CR2E037 (11/05)