2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

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Entity Name: THE VIZCAYA FALLS MASTER HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

825 CORAL RIDGE DR
CORAL SPRINGS, FL 33071

New Principal Place of Business:

1601 FORUM PLACE
SUITE 805
WEST PALM BEACH, FL 33401

Current Mailing Address:

825 CORAL RIDGE DR
CORAL SPRINGS, FL 33071

New Mailing Address:

1601 FORUM PLACE
SUITE 805
WEST PALM BEACH, FL 33401

FEI Number: 20-4921193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DRAKE, JENNIFER BALES ESQ
BECKER & POLIAKOFF, P.A.
3111 STIRLING RD
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
777 S. FLAGLER DR.
SUITE 500 E
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: MICHAEL V. MITRIONE 03/02/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: GLUCKMAN, NICHOLAS
Address: 825 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ST ( ) Delete
Name: GOMEZ, ALBERT
Address: 825 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete
Name: GLUCKMAN, NICHOLAS
Address: 825 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: PERNA, CRAIG A
Address: 1601 FORUM PLACE, SUIT 805
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DSVP (X) Change ( ) Addition
Name: CHOROST, AARON
Address: 1601 FORUM PLACE, SUIT 805
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DT (X) Change ( ) Addition
Name: VOLLER, KEVIN
Address: 1601 FORUM PLACE, SUIT 805
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON CHOROST DSVP 03/02/2007
Electronic Signature of Signing Officer or Director Date