

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV -2 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000001458

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



Principal Place of Business
1601 FORUM PLACE
SUITE 805
WEST PALM BEACH, FL 33401

Mailing Address
1601 FORUM PLACE
SUITE 805
WEST PALM BEACH, FL 33401

2. Principal Place of Business - No P.O. Box #
C/O GRS Management Assoc Inc.
Suite, Apt. #, etc.
3900 Woodlake Blvd #309

3. Mailing Address
Same
Suite, Apt. #, etc.

10192007 Chg-NP CR2E037 (12/06)

City & State
Lake Worth FL

City & State

4. FEI Number
20-4921193

Applied For
Not Applicable

Zip
33463

Country
US

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
KOLTER HOMES
Street Address (P.O. Box Number is Not Acceptable)
2160 N.W. Reserve Park Trace
City
PORT ST LUCIE FL Zip Code
34986

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

Joseph Pearce

JOSEPH PEARCE

10-23-2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERNA, CRAIG A 1601 FORUM PLACE, SUIT 805 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP CHOROST, AARON 1601 FORUM PLACE, SUIT 805 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VOLLER, KEVIN 1601 FORUM PLACE, SUIT 805 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEARCE, JOSEPH 2160 N.W. Reserve Park Trace PORT ST LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CSAPO, JOHN 2160 N.W. Reserve Park Trace PORT ST LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Wilber, Michael 2160 N.W. Reserve Park Terrace PORT ST LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

Joseph Pearce
JOSEPH PEARCE

Date

Daytime Phone #

10-23-2007 468-4703