


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90013 007 ****61.25

DOCUMENT # N05000001458					
1. Entity Name THE VIZCAYA FALLS MASTER HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O GRS MANAGEMENT ASSOC INC. 3900 WOODLAKE BLVD #309 LAKE WORTH, FL 33463			Mailing Address C/O GRS MANAGEMENT ASSOC INC. 3900 WOODLAKE BLVD #309 LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box # <i>c/o Campbell Property Management</i> Suite, Apt. #, etc. 3918 Via Poinciana Drive, Ste 9		3. Mailing Address <i>c/o Campbell Property Management</i> Suite, Apt. #, etc. 3918 Via Poinciana Drive			
City & State Lake Worth, FL		City & State Lake Worth, FL		03282008 Chg-NP CR2E037 (12/06)	
Zip 33467		Country USA		4. FEI Number 20-4921193	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KOLTER HOMES 2160 N.W. RESERVE PARK TRACE POST ST. LUCIE, FL 34986			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		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	DP PEASE, JOSEPH 2160 N.W. RESERVE PARK TRACE PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Fingulin - President 2160 NW Reserve Park Drive Port St Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CSAPO, JOHN 2 160 N.W. 2160 N.W. RESERVE PARK TRACE POST ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin Voller - VP Pres / Treas 2160 NW Reserve Park Drive Port St Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILBER, MICHAEL 2160 N.W. RESERVE PARK TRACE PORT ST. LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doug Bruk - Director 2160 NW Reserve Park Drive Port St Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Pease - Director 2160 NW Reserve Park Drive Port St Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Timothy Carlow - Secretary 2160 NW Reserve Park Drive Port St Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/1/08 Daytime Phone #: (861) 432-2703	