

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001458

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

C/O CAMPBELL PROPERTY MANAGEMENT
3918 VIA POINCIANA DRIVE, SUITE #9
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

C/O CAMPBELL PROPERTY MANAGEMENT
3918 VIA POINCIANA DRIVE, SUITE #9
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 20-4921193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLTER HOMES
2160 N.W. RESERVE PARK TRACE
POST ST.LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PEASE, JOSEPH
Address: 2160 N.W. RESERVE PARK TRACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: P () Delete
Name: FINGULIN, GEORGE
Address: 2160 NW RESERVE PARK DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPT () Delete
Name: VOLLER, KEVIN
Address: 2160 NW RESERVE PARK DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: BRUK, DOUG
Address: 2160 NW RESERVE PARK DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: PEASE, JOSEPH
Address: 2160 NW RESERVE PARK DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S () Delete
Name: CARLOW, TIMOTHY
Address: 2160 NW RESERVE PARK DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH PEASE

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date