

# 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