

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90012 048 ****61.25

DOCUMENT # N05000006126 1. Entity Name VIZCAYA AT REDINGTON BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702		Mailing Address 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702	
2. Principal Place of Business - No P.O. Box # 5444 Park Blvd Suite, Apt. #, etc. #101		3. Mailing Address P.O. Box 47068 Suite, Apt. #, etc.	
City & State Pinellas Park, FL Zip 33781 Country US		City & State St. Petersburg, FL Zip 33743-7068 Country US	
4. FEI Number 20-3243502		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, BRIAN K 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702		7. Name and Address of New Registered Agent Name: Ronald D. Welton Street Address (P.O. Box, Suite, Apt. #, etc.): 5444 Park Blvd #101 City & State: Pinellas Park, FL Zip: 33781	
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</small>			
Filing Fee is \$61.25 Due by September 14, 2007		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	PD KAZBOUT, THOMAS 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUAREZ, NANCY 9887 FOURTH STREET NORTH ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u>Nancy H. Suarez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/31/07 Nancy H. Suarez 381-1217	