NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # N08000006498

1. Entity Name
WOMEN of Vizcaya, INC.

FILED
09 JAN 16 AM 10: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15150 MichelANGELO BLVD.	- SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach FL	City & State:
Zip: 33446 Country: USA	Zip: 33446 Country: USA

200141065692
01/16/09--01056--001 **61.25
CR2E037B (5/07)

4. FEI Number: 03-0426712 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SUSAN HOFFMAN

Street Address (P.O. Box Number is Not Acceptable): 7207 DeMedici cir.

City: DELRAY BEACH FL Zip Code: 33446

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: Susan Hoffman 1-12-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended AR

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	PRES
NAME	SUSAN HOFFMAN
STREET ADDRESS	7207 DeMEDICI CIR
CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	VP
NAME	MICKI KAUFMAN
STREET ADDRESS	7054 Del corso La
CITY-ST-ZIP	Delray Beach FL 33446
TITLE	Recording Secy
NAME	Ceil Zeitlin
STREET ADDRESS	712 CataLUNA Cir
CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	TREASURER
NAME	Elaine AGRONSON
STREET ADDRESS	15458 Fiorenza Cir
CITY-ST-ZIP	Delray Beach FL 33446
TITLE	CORRESP. SEC'Y
NAME	Gilda Tabackin
STREET ADDRESS	7184 CataLUNA CIR
CITY-ST-ZIP	Delray Beach FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

$ 1/23

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Hoffman 1-12-09 561-865-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #