FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**130.00

DOCUMENT # N11573 (5)

1. Corporation Name

VIZCAYA AT PALM-AIRE ASSOCIATION, INC.

Principal Place of Business
1280 S.W. 36th Avenue • Suite #301
Pompano Beach, Florida 33069

Mailing Address

3. Date Incorporated or Qualified: 10/14/1985
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2710019 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARKAWAY, AARON, JUDGE
~~220 S.POMPANO PKWY.~~
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name
1280 S.W. 36th Avenue • Suite #301
Pompano Beach, Florida 33069

84 City **FL** 85 Zip

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HARKAWAY, AARON J	1.2 NAME	
STREET ADDRESS	~~229 S. POMPANO PKWY.~~	1.3 STREET ADDRESS	1280 S.W. 36th Avenue • Suite #301
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach, Florida 33069
TITLE	D	2.1 TITLE	
NAME	CALATCHI, R DR.	2.2 NAME	
STREET ADDRESS	~~229 S. POMPANO PKWY.~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HERTZ, JOHN	3.2 NAME	
STREET ADDRESS	~~220 S. POMPANO PARKWAY~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MAILLOUX, LEE A	4.2 NAME	
STREET ADDRESS	~~229 S. POMPANO PKWY.~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BIAFORA, MARTIN	5.2 NAME	
STREET ADDRESS	~~229 S. POMPANO PKWY.~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Aaron J Harkaway 3/9/95 305-969-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006637