

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N11573 (5)**

1. Corporation Name

**VIZCAYA AT PALM-AIRE ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1280 S.W. 36TH AVE.  
SUITE #301  
POMPANO BEACH FL 33069

1280 S.W. 36TH AVE.  
SUITE #301  
POMPANO BEACH FL 33069

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/14/1985

3a. Date of Last Report

03/10/1995

4. FEI Number

59-2710019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **CALATCHI, RALPH, DR.**

82 Street Address (P.O. Box Number is Not Acceptable)

**1280 SW 36th Ave**

83 **Suite 301**

84 City **Pompano Beach, FL** 85 Zip Code **33069**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Ralph Calatchi*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **HARKAWAY, AARON J**  
STREET ADDRESS **1280 S.W. 36TH AVE. STE. #301**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ DELETE

NAME **CALATCHI, R DR.**  
STREET ADDRESS **1280 S.W. 36TH AVE. STE. #301**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **SD** ☐ DELETE

NAME **HERTZ, JOHN**  
STREET ADDRESS **1280 S.W. 36TH AVE. STE. #301**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **TD** ☐ DELETE

NAME **MAILLOUX, LEE A**  
STREET ADDRESS **1280 S.W. 36TH AVE. STE. #301**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☒ DELETE

NAME **BIAFORA, MARTIN**  
STREET ADDRESS **1280 S.W. 36TH AVE. STE. #301**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **PRESIDENT, D** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**CALATCHI, R. DR**  
**1280 S.W. 36th Ave/Ste 301**  
**POMPANO BEACH FL 33069**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **VD** ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**JACK BERMAN**  
**1280 S.W. 36th Ave/Ste 301**  
**Pompano Beach, FL 33069**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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: *Ralph Calatchi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)