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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33069-4868**

3. Date Incorporated or Qualified
10/14/1985

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

59-2710019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALATCHI, RALPH DR.
1280 S.W. 36TH AVE.
SUITE #301
POMPANO BEACH FL 33069**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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 **VD** ☒ DELETE
NAME **JACK BERMAN**
STREET ADDRESS **1280 S.W. 36TH AVE. STE. #301**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **V.PRES. RITA TRONCO** ☐ Change ☒ Addition
1.2 NAME **4130 PALMAIRE DRIVE W**
1.3 STREET ADDRESS **BLOK 7 / 301A**
1.4 CITY-ST-ZIP **POMPANO BEACH FL - 33069**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0025895

CR2E037 (9/96)