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**FILED**  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90190 026 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N11573**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **3500 GATEWAY DRIVE**

Suite, Apt. #, etc.

22 **202**

City & State

23 **POMPANO BEACH FL**

Zip Country

24 **33069** 25 **USA**

2a. Mailing Address

26 **3500 GATEWAY DRIVE**

Suite, Apt. #, etc.

27 **202**

City & State

28 **POMPANO BEACH FL**

Zip Country

29 **33069** 30 **USA**

3. Date Incorporated or Qualified

**10/14/1985**

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

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

**CALATCHI, RALPH DR.**

**1280 S.W. 36TH AVE.**

**SUITE #301**

**POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

81 Name

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

**3500 GATEWAY DRIVE**

83 **Suite 202**

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)

1 **JAN 1999**

12. 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 **VP** ☒ DELETE

NAME **TRONCO, RITA**

STREET ADDRESS **4130 PALMAIRE DIXIE W., BLDG 7/301A**

CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ 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 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, with all other like empowered.

SIGNATURE:

*Ralph Calatchi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**15 JAN 1999**

Date

Daytime Phone #

CR2E037 (1/98)