

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90025 050 \*\*\*\*61.25

**DOCUMENT # N11573**

1. Entity Name

VIZCAYA AT PALM-AIRE ASSOCIATION, INC.



Principal Place of Business

3500 GATEWAY DR  
STE 202  
POMPANO BEACH FL 33069

Mailing Address

3500 GATEWAY DR  
STE 202  
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2710019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALATCHI, RALPH DR.  
3500 GATEWAY DR  
STE 202  
POMPANO BEACH FL 33069

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 PD ☐ Delete  
NAME CALATCHI, R. DR.  
STREET ADDRESS 3500 GATEWAY DR., STE. 202  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ~~PD~~ ☐ Delete  
NAME ROMEO, RANDOLPH  
STREET ADDRESS 3500 GATEWAY DR., STE. 202  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ~~VP~~ ☐ Delete  
NAME BIAFORA, MARTIN  
STREET ADDRESS 3500 GATEWAY DR., STE 202  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE D ☐ Delete  
NAME OLIET, SEYMOUR DR.  
STREET ADDRESS 3500 GATEWAY DR., STE. 202  
CITY-ST-ZIP POMPANO BCH FL 33069

TITLE D ☐ Delete  
NAME LANDES, MARTIN  
STREET ADDRESS 3500 GATEWAY DR., STE. 202  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~VP~~ ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~ ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~VP~~ ☐ Change ☒ Addition  
NAME MCCONNELL, J. DR.  
STREET ADDRESS 3500 GATEWAY DR, STE 202  
CITY-ST-ZIP POMPANO BEACH FL 33069

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* VP

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