

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11573

FILED
Jan 19, 2009
Secretary of State

Entity Name: VIZCAYA AT PALM-AIRE ASSOCIATION, INC.

Current Principal Place of Business:

3500 GATEWAY DR
STE 202
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

3500 GATEWAY DR
STE 202
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 59-2710019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALATCHI, R. DR.
Address: 3500 GATEWAY DR., STE. 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP () Delete
Name: ROMEO, RANDOLPH
Address: 3500 GATEWAY DR., STE. 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: BIAFORA, MARTIN
Address: 3500 GATEWAY DR., STE 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: CORSON, LEE
Address: 3500 GATEWAY DR STE 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: LANDES, MARTIN
Address: 3500 GATEWAY DR., STE. 202
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: MCCONNELL, J DR
Address: 3500 GATEWAY DR, STE 202
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH CALATCHI

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date