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Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N13746 (5)

1. Corporation Name
VIZCAYA LAKES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
% H.L. WILEY P.O. BOX 27133
1100 MAIN, SUITE 2700 EL JOBEAN FL 33927-7133
KANSAS CITY MO 64106

3. Date Incorporated or Qualified 02/28/1986
3a. Date of Last Report 04/24/1996

21	2. Principal Place of Business 3939 Hollis Ave.	26	2a. Mailing Address	4. FEI Number 65-0087666	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State El Jobean, FL.	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33927	29	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WIDMEYER, STEPHAN B 3417-F TAMiami TRAIL PORT CHARLOTTE FL 33952				10. Name and Address of New Registered Agent	
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	JOHN PERKINS	1.2 NAME	Milton Roedel
STREET ADDRESS	3558 KENNETH RD	1.3 STREET ADDRESS	3490 Seminole
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	Port Charlotte, FL. 33953
TITLE	D	2.1 TITLE	DV
NAME	GIST, MARY W	2.2 NAME	Everett Charles
STREET ADDRESS	1212 W. 36TH	2.3 STREET ADDRESS	14362 Weeksonia Rd.
CITY-ST-ZIP	INDEPENDENCE MO	2.4 CITY-ST-ZIP	Port Charlotte, FL. 33953
TITLE	D	3.1 TITLE	S
NAME	WASSERSTROM, MARK	3.2 NAME	Margaret Miller
STREET ADDRESS	1008 MERCANTILE TOWER	3.3 STREET ADDRESS	3570 Rossmere Rd.
CITY-ST-ZIP	KANSAS CITY MO	3.4 CITY-ST-ZIP	Port Charlotte, FL. 33953
TITLE	V	4.1 TITLE	DT
NAME	EL COLLINSON	4.2 NAME	William Cunningham
STREET ADDRESS	3803 ROSSMERE ST	4.3 STREET ADDRESS	3643 Stockton Rd.
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, FL. 33953
TITLE	S	5.1 TITLE	
NAME	MARGE MILLER	5.2 NAME	
STREET ADDRESS	3570 ROSSMERE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	MILTON ROECKEL,	6.2 NAME	
STREET ADDRESS	3490 SEMINOLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	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: Milton Roedel 2/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068388

CR2E037 (9/96)