

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90308 031 \*\*\*\*61.25

**DOCUMENT # N13746**

1. Entity Name

**VIZCAYA LAKES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4195 S TAMiami TR  
 #175  
 VENICE FL 34293  
 US

C/O ANTARES GROUP, INC.  
 4195 S TAMiami TR #175  
 VENICE FL 34293

708120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0087666**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RECEIVED JAN - 5 2001**

ANTARES GROUP, INC.  
 4195 S TAMiami TR  
 #175  
 VENICE FL 34293

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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERRMAN, ROBERT	
STREET ADDRESS	3510 KENNETH RD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LESTER, STEVEN	
STREET ADDRESS	33105-118 SANTIAGO RD	
CITY-ST-ZIP	ACTON CA 93510	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	LESTER, EUNICE	
STREET ADDRESS	33105-118 SANTIAGO RD	
CITY-ST-ZIP	ACTON CA 93510	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BARBER, CYNTHIA C	
STREET ADDRESS	PMB #175 4195 S TAMiami TRAIL	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, George	
STREET ADDRESS	234 W. Garfield	
CITY-ST-ZIP	Coldwater, MI 49036	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Michael	
STREET ADDRESS	181 Burch Rd.	
CITY-ST-ZIP	Coldwater, MI 49036	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sussex, Michael	
STREET ADDRESS	22511 Pearl Beach Dr.	
CITY-ST-ZIP	Coldwater, MI 49036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: \_\_\_\_\_

*Michael Sussex*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Sussex 1-25-01 517-278-6303  
 Date Daytime Phone #

CR2E037 (10/00)