

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90030 043 ****61.25

DOCUMENT # N13746

1. Entity Name

VIZCAYA LAKES HOMEOWNER'S ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

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**

2. Principal Place of Business

3. Mailing Address

3939 Hollis Ave.
 Suite, Apt. #, etc.

c/o Antares Group, Inc.
 Suite, Apt. #, etc.

P.O. Box 8065

City & State

City & State

Port Charlotte, FL

North Port, FL

4. FEI Number

65-0087666

Applied For

Not Applicable

Zip

Country

Zip

Country

33953

USA

34287

USA

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

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

Name
Antares Group, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
4284 Sunburst Ave.

RECEIVED JAN 10 2002

City
North Port **FL** Zip Code
34286

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 Cynthia C. Barber, Prop. Mgr. Cynthia C. Barber 01.28.02
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 NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, GEORGE 234 W GARFIELD COLDWATER MI 49036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, MICHAEL 181 BURCH RD. COLDWATER MI 49036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUSSEX, MICHAEL 22511 PEARL BEACH DR. COLDWATER MI 49036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARBER, CYNTHIA C PMB #175 4195 S TAMiami TRAIL VENICE FL 34293	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Barber, Cynthia C. 4284 Sunburst Ave. North Port, FL 34286	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Thompson **SIGNATURE REQUIRED** 01.25.02 941-429-8694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)