2005 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT Feb 08, 2005 08:00 AM **DOCUMENT # N13746 Secretary of State** 1. Entiry Name VIZCAYA LAKES HOMEOWNER'S ASSOCIATION, INC. Mailing Address Principal Place of Business C/O ANTARES GROUP, INC. **3939 HOLLIS AVENUE** PORT CHARLOTTE, FL 33953 P.O BOX 8065 NORTH PORT, FL 34287 01052005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0087666 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ANTARES GROUP, INC. 12497 S. TAMIAMI TRAIL, STE. 2 NORTH PORT, FL. 34287 IN THIS SPACE 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 U00000220158 \Box Added to Fees Trust Fund Contribution. Due by May 1, 2005 108/05-800s i OFFICERS AND DIRECTORS 10. TITLE NAME THOMPSON, GEORGE STREET ADDRESS 234 W GARFIELD CITY-ST-ZIP COLDWATER, MI 49036 TITLE THOMPSON, MICHAEL NAME STREET ADDRESS 181 BURCH RD. CITY-ST-ZIP COLDWATER, MI 49036 STD me NAME SUSSEX, MICHAEL STREET ADDRESS 22511 PEARL BEACH DR. DO NOT WRITE CITY-ST-ZIP COLDWATER, MI 49036 IN THIS SPACE TITLE AS NAME BARBER, CYNTHIA C STREET ADDRESS 4284 SUNBURST AVENUE CITY-ST-ZIP NORTH PORT, FL 34286 TITLE NAME

12. I hereby certify that the information supplied with this filling 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 accurage 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:

STREET ADDRESS CITY-\$7-21P TITLE NAME STREET ADDRESS