


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # N13746	
1. Entity Name VIZCAYA LAKES HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 1520 ROYAL PALM SQ BLVD STE 210 FORT MYERS, FL 33919 US	Mailing Address 1520 ROYAL PALM SQ BLVD STE 210 FORT MYERS, FL 33919 US
--	--



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0087666	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADLER, STEVEN P
 1520 ROYAL PALM SQ BLVD
 STE 210
 FORT MYERS, FL 33919

DO NOT WRITE 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) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADLER, STEVEN P 1520 ROYAL PALM SQ BLVD, STE 210 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUBIN, DAVID C 31000 NORTHWESTERN HWY, STE 220 FARMINGTON, MI 48334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHNEIDER, MARK 4052 HOLLIS AVE PORT CHARLOTTE, FL 33953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000630415
 02/20/07-80006-014 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Steven P. Adler** Authorized Rep. 1/17/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #