## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19652

**FILED** Apr 15, 2009 Secretary of State

Entity Name: VIZCAYA AT THE HAMMOCKS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 11061 SW 151 FL 11155 SW 151 PL MIAMI, FL 33196 MIAMI, FL 33196 US US **Current Mailing Address: New Mailing Address:** 11155 SW 151 PL MIAMI, FL 33196 US FEI Number: 59-2057429 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILFREDO CASTRO C/O CHS OF MIAMI WILFREDO CASTRO C/O CMS OF MIAMI 11233 SW 151 PL 11233 SW 151 PL MIAMI, FL 33196 US US MIAMI, FL 33196 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: WILFREDO CASTRO 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ALLI, RAHMAN Name: Name: 10940 SW 151 PLACE Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: () Delete Title: () Change () Addition BRADFORD, BETELLI Name: Name: Address: 15044 SW 109 LANE Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition COHEN, EVELYN Name: CASTRO, ILONKA Name: 15145 SW 109 ST 11233 SW 151 PALCE Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: CASTRO, WILLFREDO Name: CASTRO, WILFREDO Address: 11233 SW 151 PALCE Address: 11233 SW 151 PALCE City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 Title: () Delete Title: (X) Change ( ) Addition CASTRO, ILONKA MARTINEZ, YASSER Name: Name: 11233 SW 151 PL 15098 SW 112 LANE Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAHMAN ALLI PD 04/15/2009