

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19652

FILED  
Apr 14, 2010  
Secretary of State

**Entity Name:** VIZCAYA AT THE HAMMOCKS ASSOCIATION, INC.

**Current Principal Place of Business:**

11155 SW 151 PL  
MIAMI, FL 33196 US

**New Principal Place of Business:**

**Current Mailing Address:**

11155 SW 151 PL  
MIAMI, FL 33196 US

**New Mailing Address:**

**FEI Number:** 59-2057429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILFREDO CASTRO C/O CMS OF MIAMI  
11233 SW 151 PL  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALLI, RAHMAN  
Address: 10940 SW 151 PLACE  
City-St-Zip: MIAMI, FL 33196

Title: TD  
Name: BRADFORD, BETELLI  
Address: 15044 SW 109 LANE  
City-St-Zip: MIAMI, FL 33196

Title: SD  
Name: CASTRO, ILONKA  
Address: 11233 SW 151 PALCE  
City-St-Zip: MIAMI, FL 33196

Title: VPD  
Name: CASTRO, WILFREDO  
Address: 11233 SW 151 PALCE  
City-St-Zip: MIAMI, FL 33196

Title: D  
Name: MARTINEZ, YASSER  
Address: 15098 SW 112 LANE  
City-St-Zip: MIAMI, FL 33196

Title: D  
Name: MCKENZIE, DAPHNE  
Address: 15101 SW 113 ST  
City-St-Zip: MIAMI, FL 33196

I hereby 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 all other like empowered.

SIGNATURE: ALLI,RAHMAN

PD

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date