

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90283 001 ****61.25

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01122007 Chg-NP CR2E037 (12/06)

DOCUMENT # N93000002765 1. Entity Name VIZCAYA VILLAS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 15660 SAN CARLOS BLVD 40 FT MYERS, FL 33908			Mailing Address 15660 SAN CARLOS BLVD 40 FT MYERS, FL 33908		
2. Principal Place of Business - No P.O. Box # P+M Property Management Suite, Apt. #, etc. 14360 S. Tamiami Trail, #B City & State Fort Myers, FL Zip 33912 Country US		3. Mailing Address P+M Property Management Suite, Apt. #, etc. 14360 S. Tamiami Trail, #B City & State Fort Myers, FL Zip 33912 Country US			
4. FEI Number 65-0508823			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SAPP, PAUL L P & M PROPERTY MANAGEMENT, INC. 15660 SAN CARLOS BLVD, #40 FT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Paul Sapp Street Address (P.O. Box Number is Not Acceptable) P+M Property Management 14360 S. Tamiami Trail, #B City Fort Myers FL Zip Code 33912		
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 <u>Paul L. Sapp</u> DATE <u>4-11-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME MARTIN, BRETT STREET ADDRESS 15660 SAN CARLOS BLVD #40 CITY-ST-ZIP FT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE P NAME Jerome Istin STREET ADDRESS 14360 S. Tamiami Trail, #B CITY-ST-ZIP Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME ACUTI, ANTHONY STREET ADDRESS 15660 SAN CARLOS BLVD #40 CITY-ST-ZIP FT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE VP NAME 14360 S. Tamiami Trail, #B STREET ADDRESS Fort Myers, FL 33912 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME TERRELL, JOANNE STREET ADDRESS 15660 SAN CARLOS BLVD #40 CITY-ST-ZIP FT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE T NAME Joanna Terrell STREET ADDRESS 14360 S. Tamiami Trail #B CITY-ST-ZIP Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME BENJAMIN, CHRIS STREET ADDRESS 15660 SAN CARLOS BLVD #40 CITY-ST-ZIP FT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE S NAME Chris Benjamin STREET ADDRESS 14360 S. Tamiami Trail, #B CITY-ST-ZIP Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GIBSON, MEL STREET ADDRESS 15660 SAN CARLOS BLVD #40 CITY-ST-ZIP FT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE D NAME Brett Martin STREET ADDRESS 14360 S. Tamiami Trail, #B CITY-ST-ZIP Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME SAPP, PAUL L STREET ADDRESS 15660 SAN CARLOS BLVD #40 CITY-ST-ZIP FT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE AS NAME Randall Dineley STREET ADDRESS 14360 S. Tamiami Trail unit B CITY-ST-ZIP Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-10-07</u> Daytime Phone # <u>(239) 481-1577</u>		