2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# N96000003559

Entity Name: VILLAS DE VIZCAYA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2770 BRICKELL CRT
MIAMI, FL 331292822

New Principal Place of Business:

Current Mailing Address:

2770 BRICKELL CRT
MIAMI, FL 331292822

New Mailing Address:

FEI Number: 65-0721505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERKIN, STEWART A ESQ
444 BRICKELL AVE
STE 300
MIAMI, FL 33131 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	( ) Delete
Name:	URIBE, CLAUDIA	
Address:	2770 BRICKELL CRT	
City-St-Zip:	MIAMI, FL 331292822	
Title:	VPAS	( ) Delete
Name:	VECCHIO, RICHARD	
Address:	2765 BRICKELL CRT	
City-St-Zip:	MIAMI, FL 331292822	
Title:	D	( ) Delete
Name:	VECCHIO, RICHARD	
Address:	2765 BRICKELL CRT	
City-St-Zip:	MIAMI, FL 331292822	
Title:	STD	( ) Delete
Name:	ZANETTI, INES	
Address:	2755 BRICKELL CRT	
City-St-Zip:	MIAMI, FL 331292822	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CLAUDIA URIBE PD 04/09/2008

Electronic Signature of Signing Officer or Director — Date