

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003559

FILED  
Feb 14, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2770 BRICKELL CRT  
MIAMI, FL 331292822

**New Principal Place of Business:**

2770 BRICKELL CT  
MIAMI, FL 33129

**Current Mailing Address:**

2770 BRICKELL CRT  
MIAMI, FL 331292822

**New Mailing Address:**

2770 BRICKELL CT  
MIAMI, FL 33129

**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:**

ALMANZAR, RAFAEL A  
2800 NW 44TH ST  
OAKLAND PARK, FL 33309 US

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: R4AFAEL ALMANZAR

02/14/2009

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: PD (X) Change ( ) Addition  
Name: URIBE, CLAUDIA  
Address: 2770 BRICKELL CT  
City-St-Zip: MIAMI, FL 33129

Title: VPAS (X) Change ( ) Addition  
Name: VECCHIO, RICHARD  
Address: 2765 BRICKELL CT  
City-St-Zip: MIAMI, FL 33129

Title: D (X) Change ( ) Addition  
Name: VECCHIO, RICHARD  
Address: 2765 BRICKELL CT  
City-St-Zip: MIAMI, FL 33129

Title: STD (X) Change ( ) Addition  
Name: ZANETTI, INES  
Address: 2755 BRICKELL CT  
City-St-Zip: MIAMI, FL 33129

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

02/14/2009

Electronic Signature of Signing Officer or Director

Date