

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90268 042 ****61.25

DOCUMENT # N96000004683

1. Entity Name

VISCAYA CONDOMINIUM ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 352041 PALM COAST FL 32135 US	P.O. BOX 352041 P.O. BOX 352041 PALM COAST FL 32135-0935 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. PO BOX 352041	Suite, Apt. #, etc. PO BOX 352041
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3421711	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
ANNON JR., FRED	<input type="checkbox"/>

6. Name and Address of Current Registered Agent

PALM COAST PROPERTY MGT
~~290 PALM COAST PWAY NE~~
~~ATT: WILLIAM A WHITE~~
~~PALM COAST FL 32137~~

ANNON JR., FRED
 PALM COAST PROPERTY MANAGEMENT
 7 FLORIDA PARK DRIVE N., SUITE C
 PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name
~~PALM COAST PROPERTY MANAGEMENT~~

Street Address (P.O. Box Number is Not Acceptable)
 7 FLORIDA PARK DRIVE N., SUITE C
 PALM COAST, 32137

City
 FL Zip Code

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.

SIGNATURE DATE 04-01-00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DICKINSON, ROBERT	
STREET ADDRESS	ONE CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32151	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELAUGHTER VICKI,	
STREET ADDRESS	ONE CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32151	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	AMARO, NICK	
STREET ADDRESS	ONE CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKINSON, ROBERT	
STREET ADDRESS	P.O. BOX 352041	
CITY-ST-ZIP	PALM COAST, FL 32135	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 352041	
STREET ADDRESS	PALM COAST, FL 32135	
CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, JAMES E.	
STREET ADDRESS	P.O. BOX 352041	
CITY-ST-ZIP	PALM COAST, FL 32135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)