

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90027 050 \*\*\*\*61.25

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**DOCUMENT # N96000004683**

1. Entity Name

**VISCAYA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

P.O. BOX 352041  
 PALM COAST FL 32135  
 US

Mailing Address

P.O. BOX 352041  
 PALM COAST FL 32135  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3421711**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 *Paul G. J. Albert*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*04-10-2001*  
 DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DICKINSON, ROBERT	
STREET ADDRESS	P.O. BOX 352041	
CITY-ST-ZIP	PALM COAST FL 32135	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DELAUGHTER VICKI,	
STREET ADDRESS	P.O. BOX 352041	
CITY-ST-ZIP	PLAM COAST FL 32135	
TITLE	DST	<input type="checkbox"/> Delete
NAME	JAMES, GARDNER E	
STREET ADDRESS	P.O. BOX 352041	
CITY-ST-ZIP	PALM COAST FL 32135	
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		<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		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JAMES E	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rowe, Milton	
STREET ADDRESS	PO 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 life empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4.10.01*  
 Date

Daytime Phone #

CR2E037 (10/00)