


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90277 034 ****61.25

DOCUMENT # N96000004683

1. Entity Name
VISCAYA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address


P.O. BOX 352041 P.O. BOX 352041
PALM COAST FL 32135 PALM COAST FL 32135
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-3421711 Not Applicable

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

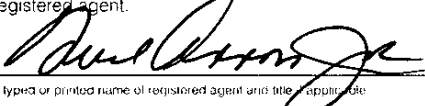
6. Name and Address of Current Registered Agent

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **04-20-2006**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOURLEY, WILLIAM T		NAME	William Desimini	
STREET ADDRESS	P.O. BOX 352041		STREET ADDRESS	Post Office Box 352041	
CITY-ST-ZIP	PALM COAST FL 32135		CITY-ST-ZIP	Palm Coast, Florida 32135	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, STANLEY		NAME	Robert Saenz	
STREET ADDRESS	P.O. BOX 352041		STREET ADDRESS	Post Office Box 352041	
CITY-ST-ZIP	PLAM COAST FL 32135		CITY-ST-ZIP	Palm Coast, Florida 32135	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAENZ, DALE		NAME	Paul Keck	
STREET ADDRESS	P.O. BOX 352041		STREET ADDRESS	Post Office Box 352041	
CITY-ST-ZIP	PALM COAST FL 32135		CITY-ST-ZIP	Palm Coast, Florida 32135	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOURLEY, WILLIAM		NAME		
STREET ADDRESS	P.O. BOX 352041		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32135		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENZ, ROBERT		NAME		
STREET ADDRESS	P.O. BOX 352041		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32135		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KECK, PAUL		NAME		
STREET ADDRESS	P.O. BOX 352041		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32135		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 