

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90016 021 ****61.25

DOCUMENT # N96000004683

1. Entity Name

VISCAYA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

7 FLORIDA PARK DRIVE NORTH
SUITE C
PALM COAST FL 32137
US

Mailing Address

POST OFFICE BOX 352041
PALM COAST FL 32135
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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 MANAGEMENT
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE PD ☐ Delete
NAME DESIMINI, WILLIAM
STREET ADDRESS POST OFFICE BOX 352041
CITY-ST-ZIP PALM COAST FL 32135

TITLE SD ☒ Delete
NAME SAENZ, ROBERT
STREET ADDRESS POST OFFICE BOX 352041
CITY-ST-ZIP PALM COAST FL 32135

TITLE TD ☐ Delete
NAME KECK, PAUL
STREET ADDRESS POST OFFICE BOX 352041
CITY-ST-ZIP PALM COAST FL 32135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME PIERCE, CLAUDIA
STREET ADDRESS PO Box 352041
CITY-ST-ZIP PALM COAST FL 32135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

2. 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:

Wm. J. Keck

04-20-2008

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