

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90005 034 \*\*\*\*61.25

**60011241**



01312006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N97000000322</b> 1. Entity Name <b>VIZCAYA AT LONGBOAT KEY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2355 GULF OF MEXICO DR LONGBOAT KEY, FL 34228</b>			Mailing Address <b>2355 GULF OF MEXICO DR LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3427915</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLEVINS, DONALD 2355 GULF OF MEXICO DR LONGBOAT KEY, FL 34228</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> <small>Trust Fund Contribution.</small>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEIN, ARNOLD <input checked="" type="checkbox"/> Delete 2377 GULF OF MEXICO DR, #2D3 LONGBOAT KEY, FL 34228				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCARTHY, JANE "JJ" <input type="checkbox"/> Delete 2399 GULF OF MEXICO DR. 3A2 LONGBOAT KEY, FL 34228				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SWARTZ, RICHARD <input type="checkbox"/> Delete 2333 GULF OF MEXICO DR, 1A3 LONGBOAT KEY, FL 34228				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>YUKOVICH, ROBERT</b> 2333 GULF OF MEXICO DR, # 1C1 LONGBOAT KEY, FL 34228				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <i>Richard Swartz</i> RICHARD SWARTZ 1/31/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					