

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000322

1. Entity Name
**VIZCAYA AT LONGBOAT KEY CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**2355 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228**

Mailing Address
**2355 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3427915

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLEVINS, DONALD
2355 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228**

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IN THIS SPACE**

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 fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
VUKOVICH, ROBERT
2333 GULF OF MEXICO DR, #1C1
LONGBOAT KEY, FL 34228**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
MCCARTHY, JANE "JJ"
2399 GULF OF MEXICO DR. 3A2
LONGBOAT KEY, FL 34228**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**ST
SWARTZ, RICHARD
2333 GULF OF MEXICO DR. 1A3
LONGBOAT KEY, FL 34228**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000583136
01/11/07-80059-009 61.25

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IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-7