2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000000322

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

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

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01162008 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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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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VUKOVICH, ROBERT
STREET ADDRESS	2333 GULF OF MEXICO DR, #1C1
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	V
NAME	MCCARTHY, JANE "JJ"
STREET ADDRESS	2399 GULF OF MEXICO DR, 3A2
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	ST
NAME	SWARTZ, RICHARD
STREET ADDRESS	2333 GULF OF MEXICO DR, 1A3
CITY-ST-ZIP	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	

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01/25/08-80002-016 61.25

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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: Richard Swartz RICHARD SWARTZ 1-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #