

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003354 (4)**

1. Corporation Name

VIZCAYA OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 320637
COCOA BEACH FL 32932-0637

P.O. BOX 320637
COCOA BEACH FL 32932-0637

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number
59-3461684

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **925 N. COURTENAY PKWY, #28**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **MERRITT ISLAND, FL**

27

City & State

City & State

23 **32953**

28

Zip

Country

Zip

Country

24

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEALS, ROBERT L
1800 W. HIBISCUS BLVD., STE. 138
MELBOURNE FL 32902

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KODSI, MAURICE	
STREET ADDRESS	P.O. BOX 320637	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TOWERS, CONNIE S	
STREET ADDRESS	P.O. BOX 320637	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KODSI, JUDITH	
STREET ADDRESS	P.O. BOX 320637	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KODSI, MAURICE	
1.3 STREET ADDRESS	295 N. COURTENAY PKWY., SUITE 28	
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TOWERS, CONNIE S	
2.3 STREET ADDRESS	925 N. COURTENAY PKWY., SUITE 28	
2.4 CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KODSI, ROBERT	
3.3 STREET ADDRESS	925 N. COURTENAY PKWY, SUITE 28	
3.4 CITY-ST-ZIP	MERRITT ISLAND, FL. 32953	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maurice Kodosi*

March 13/98

CR2E037 (10/97)