NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700003354

VIZCAYA OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 925 N COURNEY PKWY SUITE 28 MERRIT ISLAND FL 32953 US

2. Principal Place of Business

Mailing Address

P.O. BOX 320637

2a. Mailing Address

COCOA BEACH FL 32932-0637

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90005 022 ****70.00

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3. Date Incorporated or Qualifed



925	N. HWY. A-1-A	26 925 N. HWY	. A-1	-A	06/10/1997		
Suite, Apt.		Suite, Apt. #, etc.			4. FEI Number	Apr	lied For
SULT	E #201	27 SUITE # 2	01		59-3461684	Not	Applicable
City & State		City & State			5. Certifcate of Status Desired	\$8.75 A	
INDI:	ALANTIC, FL. 3290	28 INDIALANT	IC, I	· 3290		Fee Re	quired
Zip	Country	Zip	Countr	У	6. Election Campaign Financing	\$5.00	
3290		<u> </u>	30 USZ	A	Trust Fund Contribution	Added to	Fees
	Name and Address of Current I	Registered Agent			10. Name and Address of New Register	ed Agent	
			8	Name	Moretz		•
BEALS, ROBERT L				82 Street Address (P.O. Box Number is Not Acceptable)			
1800 W. HIBISCUS BLVD., STE. 138				925 N. HWY. A-1-A SUITE # 201			
MELBOUR	NE FL 32902		8:	3			
			8	4 City		85 Zip C	ode
				TND		L 32	903
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abo	ve-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing Itsī opointment as rec	registered iistered
onice or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligatio	ns of, Section 617.0503, Flori	da Statute	s.	A	/ 4 4 6	RO
-					DEE BONDERS	-23-19	77
SIGNATURE	Lee R. Moretz. P			ent signature require		AND DIRECTO	DC (N. 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
TITLE	DP	⊠ DELETE	1.1 TITLE	l P	RESIDENT / DIRECTOR	X	
NAME	KODSI, MAURICE		1.2 NAME	· T	ee R. Moretz	•	2266
STREET ADDRESS	295 N COURTENAY PKWY SUITE	28	1.3 STRE	CI AUURESS I		zıp	32903
CITY-ST-ZIP	MERRIT ISLAND FL 32953		1.4 CITY-		25 N. HWY. A-1-A INI	TALANTI	CFL
TITLE	DS	⊠ DELETE	2.1 TITLE	4	os garanti latina	Change	Addition
NAME	TOWERS, CONNIE S		2.2 NAME	V	IRGINIA ROYSE		·
STREET ADDRESS	925 N COURTENAY PKWY SUITE	28	2.3 STRE	ETADORESS 9	25 N. HWY. A-1-A INI	DIALANTI	C,FL,
CITY-ST-ZIP	MERRIT ISLAND FL 32953		2.4 CITY			3290	3
TITLE	DT	DELETE	3.1 TITLE	10	the figure of the second second second second	L Change	Addition
NAME	KOSDI, ROBERT		3.2 NAME			# [0]	•
STREET ADDRESS	925 N COURTENAY PKWY SUITE	28	3.3 STRE	ET ADDRESS	- -		1
CITY-ST-ZIP	MERRITT ISLAND FL 32953		3.4, C(TY		,		
TITLE		☐ DELETE	4.1 TITLE	1 1	REASURER / DIRECTOR	Change	Addition
NAME			4. 2 NAM	E ∣R	uth Kershaw		
STREET ADDRESS			4.3 STRE	ETADORESS 9	25 N. Hwy. A-1-A ste	e. #406	-
CITY-ST-ZIP			4.4 CITY-	ST-ZIP I	ndialantic, Fl. 3290	03	[A J J(a)
TITLE		☐ DELETE	5.1 TITLE	1		Change	Addition
NAME			5.2 NAME	1	•		
STREET ADDRESS				ET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE	1		Change	☐ Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STRE	ET ADORESS			
CITY-ST-ZIP			6.4 CITY	ST-ZIP			

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, with all other like empowered.