

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90023 043 \*\*\*\*\*61.25

**DOCUMENT # N97000003354**

1. Entity Name

**VIZCAYA OCEANFRONT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

925 N. HWY. A-1-A  
 STE. 201  
 INDIALANTIC FL 32903  
 US

925 N. HWY. A-1-A  
 STE. 201  
 INDIALANTIC FL 32903

2. Principal Place of Business

3. Mailing Address

925 N. HWY A1A

925 N. HWY A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

INDIALANTIC FL

INDIALANTIC FL

Zip

Country

Zip

Country

32903

32903

4. FEI Number

59-3461684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORETZ, LEE R  
 925 N. HWY A-1-A  
 INDIALANTIC FL 32903

Name

STEVEN FRIEDMAN

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

925 N. HWY A1A #506

City

INDIALANTIC

FL

Zip Code

32903

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.

SIGNATURE

*Steven Friedman*

STEVEN FRIEDMAN

2-24-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERSHAW, RUTH 925 N. HWY. A-1-A STE. 406 INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOGAN, RUSSAL 925 N HWY A1A, UNIT 402 INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENSEL, VIRGINIA 925 N HWY A1A, UNIT 303 INDIALANTIC FL 32903	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D STEVE FRIEDMAN 925 N. HWY A1A # 506 INDIALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ROBERT SMITH 925 N. HWY A1A # 502 INDIALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PATRICIA THOMPSON 925 N. HWY A1A # 604 INDIALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LISA RODGERS 925 N. HWY A1A # 305 INDIALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES HERSTEIN 925 N. HWY A1A # 404 INDIALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL MCGREW 925 N. HWY A1A # 401 INDIALANTIC, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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:

*Patricia Thompson*

PATRICIA THOMPSON 2-24-01

(321)

867-5028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)