

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90022 041 \*\*\*\*61.25

**DOCUMENT # N97000003354**

1. Entity Name

**VIZCAYA OCEANFRONT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**925 N. HWY. A-1-A  
INDIALANTIC FL 32903  
US**

Mailing Address

**925 N. HWY. A-1-A  
INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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

**FRIEDMAN, STEVEN  
925 N. HWY A-1-A  
INDIALANTIC FL 32903**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **FRIEDMAN, STEVE**  
STREET ADDRESS **925 NORTH HWY A1A #205**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **SMITH, ROBERT**  
STREET ADDRESS **925 NORTH HIGHWAY A-1-A SUITE #502**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **THOMPSON, PATRICIA**  
STREET ADDRESS **925 NORTH HIGHWAY A-1-A SUITE #604**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **MCCOY, JERRY**  
STREET ADDRESS **925 N HWY A1A #202**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Change ☒ Addition  
NAME **BRIAN DERUSSO**  
STREET ADDRESS **925 N. HWY A1A #301**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **SD** ☐ Delete  
NAME **HERSTEIN, JAMES**  
STREET ADDRESS **925 NORTH HIGHWAY A-1-A SUITE #404**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LAW, RICHARD**  
STREET ADDRESS **925 N HWY A1A #202**  
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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** 2-6-04 (321) 733-8885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Attachment  
#N9700003354  
940/6860

Vizcaya Oceanfront Condominium Association (FEI Number: 59-3461684)

Block 11 (con't):

Addition to Officers/Directors in Block 10:

D  
Ed Westcott  
925 N. Hwy A1A #603  
Indianapolis FL 32903