

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90135 017 ****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**

30012282



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3461684**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 NORHT HIGHWAY A-1-A SUITE 205**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☒ Change ☐ Addition
NAME **925 NORTH HIGHWAY A1A - #205**
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 **SD** ☒ Delete
NAME **RODGERS, LISA**
STREET ADDRESS **925 NORTH HIGHWAY A-1-A SUITE #305**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Change ☒ Addition
NAME **MC COY, JERRY**
STREET ADDRESS **925 N. HWY A1A #202**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

TITLE **D** ☐ 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **LAW, RICHARD**
STREET ADDRESS **925 N. HWY A1A #201**
CITY-ST-ZIP **INDIALANTIC, FL 32903**

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.

PATRICIA THOMPSON

SIGNATURE:

Patricia Thompson

1-27-03

(321)867-5028

CR2E037 (10/02)