


FILED
Mar 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000873

1. Corporation Name
VIZCAYA LAKES OWNERS COMMITTEE, INC.

Principal Place of Business 3490 SEMINOLE CIRCLE PORT CHARLOTTE FL 33953	Mailing Address 3490 SEMINOLE CIRCLE PORT CHARLOTTE FL 33953
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339488-90117-8 6 *

21. Principal Place of Business 3623 ROSSMERE ROAD	2a. Mailing Address # 27251	3. Date Incorporated or Qualified 02/13/1998
22. Suite, Apt. #, etc. PORT CHARLOTTE FL	2b. Suite, Apt. #, etc. ORLANDO FL	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. City & State 33953 U.S.A.	2c. City & State 33927 U.S.A.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	25. Country	26. Zip
27. Country	28. Zip	29. Country
30. Zip	31. Country	32. Zip

9. Name and Address of Current Registered Agent LEVIN AND TANNENBAUM, P.A. 3490 SEMINOLE CIRCLE PORT CHARLOTTE FL 33953	10. Name and Address of Current Registered Agent 81 Name 1680 FRUITVILLE, SUITE 102 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City SARASOTA FL 85 Zip Code 34236
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE THOMPSON, CHARLES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROECKEL, MILTON M		1.2 NAME 3623 ROSSMERE ROAD	
STREET ADDRESS 3490 SEMINOLE CIRCLE		1.3 STREET ADDRESS PORT CHARLOTTE FL 33953	
CITY-ST-ZIP PORT CHARLOTTE FL 33953		1.4 CITY-ST-ZIP V	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE BROOKS, CARL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHARLES, EVERTETT		2.2 NAME 14308 WEEKSONIA AVE	
STREET ADDRESS 14362 WEEKSONIA AVE.		2.3 STREET ADDRESS PORT CHARLOTTE FL 33953	
CITY-ST-ZIP PORT CHARLOTTE FL 33953		2.4 CITY-ST-ZIP S	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE HUTCHESON, MARGARET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORRIS, JAMES		3.2 NAME 3683 STOCKTON ROAD	
STREET ADDRESS 3450 ROSSMERE ROAD		3.3 STREET ADDRESS PORT CHARLOTTE FL 33953	
CITY-ST-ZIP PORT CHARLOTTE FL 33953		3.4 CITY-ST-ZIP T	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE BETTY PETERSEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME 14378 WEEKSONIA AVE	
STREET ADDRESS		4.3 STREET ADDRESS PORT CHARLOTTE FL 33953	
CITY-ST-ZIP		4.4 CITY-ST-ZIP D	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE CUNNINGHAM, WILLIAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME 3643 STOCKTON ROAD	
STREET ADDRESS		5.3 STREET ADDRESS PORT CHARLOTTE FL 33953	
CITY-ST-ZIP		5.4 CITY-ST-ZIP D	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE DEREK ELLIOTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME 14338 WEEKSONIA AVE	
STREET ADDRESS		6.3 STREET ADDRESS PORT CHARLOTTE FL 33953	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Charles E. Thompson **CHARLES E. THOMPSON** Date: 3/9/99 Daytime Phone #: 941-629-9867