

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90041 028 \*\*\*\*70.00

0083920

**DOCUMENT # N98000000873**

1. Entity Name  
**VIZCAYA LAKES OWNERS COMMITTEE, INC.**

Principal Place of Business      Mailing Address

**3510 KENNETH ROAD**      **BOX # 27251**  
**PORT CHARLOTTE FL 33953**      **EL JOBEAN FL 33927-7251**

2. Principal Place of Business      3. Mailing Address

**3939 Hollis Avenue**      **3939 Hollis Avenue**


Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Port Charlotte, Florida**      **Port Charlotte, Florida**

Zip      Country      Zip      Country

**33953**      **USA**      **33953**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For

**NOT APPLICABLE**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEVIN AND TANNENBAUM, P.A.**  
**1680 FRUITVILLE**  
**SUITE 102**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**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

TITLE	<b>PD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>HERRMAN, ROBERT</b>
STREET ADDRESS	<b>3510 KENNETH ROAD</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33953</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>KRATOCHVIL, JOSEPH</b>
STREET ADDRESS	<b>3552 KENNETH ROAD</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33953</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>BRYAN-RICH, ELIZABETH</b>
STREET ADDRESS	<b>3500 SEMINOLE CIRCLE</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33953</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>MORRIS, CATHERINE</b>
STREET ADDRESS	<b>3540 ROSSMERE RD</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33953</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BURTNEY, WILLIAM</b>
STREET ADDRESS	<b>3514 KENNETH ROAD</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33953</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>DUSSAULT, RICHARD</b>
STREET ADDRESS	<b>3520 KENNETH ROAD</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33953</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Charles, Everett</b>
STREET ADDRESS	<b>14362 Weeksonia Avenue</b>
CITY-ST-ZIP	<b>Port Charlotte, Florida 33953</b>
TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Herrman, Robert</b>
STREET ADDRESS	<b>3510 Kenneth Road</b>
CITY-ST-ZIP	<b>Port Charlotte, Florida 33953</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cunningham, William</b>
STREET ADDRESS	<b>3643 Stockton Road</b>
CITY-ST-ZIP	<b>Port Charlotte, Florida 33953</b>

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: **ELIZABETH BRYAN-RICH** *Elizabeth Bryan-Rich* 03-21-02 941-764-0603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)

*Attachment + Draft*  
VIZCAYA LAKES OWNERS COMMITTEE, INC.  
3939 Hollis Avenue  
Port Charlotte, Florida 33953

198080080873  
015923

March 21, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sirs:

Re: Vizcaya Lakes Owners Committee, Inc.

Enclosed you will find our Nonprofit Corporation Annual Report for 2002, indicating the new slate of directors and officers for the above mentioned as required by Section 617.1622, Florida Statutes.

Please note that the Committee has a new Principal Place of Business and a new mailing address to which all correspondence should be directed in the future, or until notified in writing to the contrary.

We trust that this document has been completed in accordance with instructions and we have included our check in the amount of \$70.00 to cover the filing fee of \$61.25, plus the Certificate of Status fee of \$8.75.

Yours Truly,

Vizcaya Lakes Owners Committee, Inc.

*Elizabeth Bryan-Rich*

Elizabeth Bryan-Rich  
Secretary

Enc. (2)