


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90362 021 ****70.00

DOCUMENT # N98000000873

1. Entity Name
VIZCAYA LAKES OWNERS COMMITTEE, INC.



Principal Place of Business
**3939 HOLLIS AVENUE
 PORT CHARLOTTE, FL 33953**

Mailing Address
**3939 HOLLIS AVENUE
 PORT CHARLOTTE, FL 33953**

50041330



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04122005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
NOT APPLICABLE

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

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

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 **CHARLES, EVERETT**
 STREET ADDRESS **14362 WEEKSONIA AVE.**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **PD** Change Addition
 NAME **Robert Herrman**
 STREET ADDRESS **3510 Kenneth Road**
 CITY-ST-ZIP **Port Charlotte, FL 33953**

TITLE **VD** Delete
 NAME **CUNNINGHAM, WILLIAM**
 STREET ADDRESS **3643 STOCKTON ROAD**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **VD** Change Addition
 NAME **Robert Norris**
 STREET ADDRESS **3629 Rossmere Road**
 CITY-ST-ZIP **Port Charlotte, FL 33953**

TITLE **TD** Delete
 NAME **HERRMAN, ROBERT**
 STREET ADDRESS **3510 KENNETH ROAD**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **TD** Change Addition
 NAME **Carl Brooks**
 STREET ADDRESS **14308 Weeksonia Avenue**
 CITY-ST-ZIP **Port Charlotte, FL 33953**

TITLE **SD** Delete
 NAME **BRYAN-RICH, ELIZABETH**
 STREET ADDRESS **3500 SEMINOLE CIRCLE**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **S** Change Addition
 NAME **Elizabeth Bryan-Rich**
 STREET ADDRESS **3500 Seminole Circle**
 CITY-ST-ZIP **Port Charlotte, FL 33953**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Elizabeth Bryan-Rich** *Elizabeth Bryan-Rich* 04-15-05 941-764-0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #