

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90016 049 \*\*\*\*\*70.00

|                                                               |                                                                                   |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> N98000000873                                |  |
| <b>1. Entity Name</b><br>VIZCAYA LAKES OWNERS COMMITTEE, INC. |                                                                                   |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>3939 HOLLIS AVENUE<br>PORT CHARLOTTE FL 33953 | <b>Mailing Address</b><br>3939 HOLLIS AVENUE<br>PORT CHARLOTTE FL 33953 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

|                                                       |                           |
|-------------------------------------------------------|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |
| City & State                                          | City & State              |
| Zip                                                   | Country                   |



1st MOORE CR2E037 (10/06)

|                                                                                                                   |                                      |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>4. FEI Number</b><br>NO-T APPLICABLE                                                                           | <b>Applied For</b><br>Not Applicable |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                      |
| <b>6. Name and Address of Current Registered Agent</b>                                                            |                                      |
| LEVIN AND TANNENBAUM, P.A.<br>1680 FRUITVILLE<br>SUITE 102<br>SARASOTA FL 34236                                   |                                      |
| <b>7. Name and Address of New Registered Agent</b>                                                                |                                      |
| 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

**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     |                                                                                                                                                                     |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>T</b><br>OSBORNE, GLORIA<br>3687 STOCKTON ROAD<br>PORT CHARLOTTE FL 33953 <input type="checkbox"/> Delete                                             | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>TOUBEAU, ANITA<br>3490 SEMINOLE CIRCLE<br>PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD</b><br>NORRIS, ROBERT<br>3629 ROSSMERE ROAD<br>PORT CHARLOTTE FL 33953 <input type="checkbox"/> Delete                                             | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>CHARLES, EVERETT<br>14362 WEEKSONIA AVENUE<br>PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>TD</b><br><del>HERRMAN, ROBERT</del><br><del>3510 KENNETH ROAD</del><br><del>PORT CHARLOTTE FL 33953</del> <input checked="" type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>MURPHY, KATHERINE<br>3658 STOCKTON ROAD<br>PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>S</b><br>BRYAN-RICH, ELIZABETH<br>3500 SEMINOLE CIRCLE<br>PORT CHARLOTTE FL 33953 <input type="checkbox"/> Delete                                     | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SD</b><br>BRYAN-RICH, ELIZABETH<br>3500 SEMINOLE CIRCLE<br>PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>NUSSEY, ROBERT<br>3619 ROSSMERE ROAD<br>PORT CHARLOTTE FL 33953 <input type="checkbox"/> Delete                                              | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>HUSSEY, ROBERT<br>3619 ROSSMERE ROAD<br>PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br>OSBORNE, ROBERT<br>3687 STOCKTON ROAD<br>PORT CHARLOTTE FL 33953 <input type="checkbox"/> Delete                                             | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VD</b><br>OSBORNE, ROBERT<br>3687 STOCKTON ROAD<br>PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 04-14-07 941-764-0603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ **DATE** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

ATTACHMENT 40079322

~~#N98000000873~~

VIZCAYA LAKES OWNERS COMMITTEE, INC.

3939 Hollis Avenue  
Port Charlotte, Florida

## BOARD OF DIRECTORS

|                                       |                                                     |              |
|---------------------------------------|-----------------------------------------------------|--------------|
| Robert Norris<br>President            | 3629 Rossmere Road<br>Port Charlotte, FL. 33953     | 941-766-8296 |
| Robert Osborne<br>Vice President      | 3687 Stockton Road<br>Port Charlotte, FL. 33953     | 941-629-1265 |
| Elizabeth Bryan-Rich<br>Secretary     | 3500 Seminole Circle<br>Port Charlotte FL. 33953    | 941-764-0603 |
| Everett Charles                       | 14362 Weeksonia Avenue<br>Port Charlotte, FL. 33953 | 941-764-9831 |
| Robert Hussey                         | 3619 Rossmere Road<br>Port Charlotte, FL. 33953     | 941-743-7423 |
| Katherine Murphy                      | 3658 Stockton Road<br>Port Charlotte FL. 33953      | 941-624-0540 |
| Anita Toubreau                        | 3490 Seminole Circle<br>Port Charlotte, FL. 33953   | 941-235-1773 |
| Gloria Osborne<br>Appointed Treasurer | 3687 Stockton Road<br>Port Charlotte, FL. 33953     | 941-629-1265 |

04/12/07