

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90039 014 ****61.25

DOCUMENT # N98000001656

1. Entity Name

**VIZCAYA AT LAKE CORAL SPRINGS COMMUNITY
ASSOCIATION, INC.**



Principal Place of Business

**1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

Mailing Address

**1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0834576

Applied For

Not Applicable

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

**CAMPBELL PROPERTLY MGMT
1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441**

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
Due By May 1, 2008**

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

| | | |
|----------------|------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DAMMEYER, MARK | |
| STREET ADDRESS | 935 NW 127TH AVE | |
| CITY- ST- ZIP | CORAL SPRINGS FL | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | GLASSMAN, PHIL | |
| STREET ADDRESS | 12688 NW 7TH COURT | |
| CITY- ST- ZIP | CORAL SPRINGS FL | |

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | LARRICK, ROBERT | |
| STREET ADDRESS | 12688 NW 7TH COURT | |
| CITY- ST- ZIP | CORAL SPRINGS FL | |

| | | |
|----------------|------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | KORB, JONATHAN | |
| STREET ADDRESS | 12601 NW 6TH ST. | |
| CITY- ST- ZIP | CORAL SPRINGS FL | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TARDALO, PAUL | |
| STREET ADDRESS | 12651 NW 7TH STREET | |
| CITY- ST- ZIP | CORAL SPRINGS FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|------|--|
| TITLE | UP/D | <input checked="" 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 | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LE VINÉ, BEN | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---|
| 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 | | |

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Dammeier

3.26.08

561.212.8330