

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90020 017 ****61.25

DOCUMENT # N99000006292

1. Entity Name

VIZCAYA NEIGHBORHOOD PROPERTY OWNERS ASSOCIATION

Principal Place of Business

12534 WILES ROAD
CORAL SPRINGS FL 33076

Mailing Address

12534 WILES ROAD
CORAL SPRINGS FL 33076-2202

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0841334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAKE, JENNIFER B ESQ.
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

Joel Messinger

Community Association Svcs., Inc.

Ste. 250
951 Broken Sound Pkwy NW
Boca Raton, FL 33487-3531

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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	PD	<input type="checkbox"/> Delete
NAME	COX, MITCHELL A	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, TIMOTHY	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GOMEZ, ALBERT	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel Messinger	
STREET ADDRESS	951 Broken Sound Pkwy #250	
CITY-ST-ZIP	Boca Raton, FL 33461	
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		<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.14.00 **954-344-8040**

CR2E037 (9/99)