FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 05, 2001 8:00 am Secretary of State DOCUMENT # N9900006292 1. Entity Name 04-05-2001 90011 031 \*\*\*\*61.25 VIZCAYA NEIGHBORHOOD PROPERTY OWNERS ASSOCIATION Principal Place of Business Mailing Address 12534 WILES ROAD 12534 WILES ROAD **CORAL SPRINGS FL 33076** CORAL SPRINGS FL 33076 Community Association Svcs., Inc. Community Association Svcs., Inc. Ste. 250 DO NOT WRITE IN THIS SPACE 951 Broken Sound Pky. NW 951 Broken Sound Pky, NW Boca Raton, FL 33487-3531 Boca Raton, FL 33487-3531 -4. FEI Number Applied For 65-0841334 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - JOEL MESSINGER --Street Address (P.O. Box Number is Not Acceptable) COMMUNITY ASSOCIATION SERVICES, IN C DRAKE, JENNIFER B ESQ. BECKER & POLIAKOFF, P.A. 951 BROKEN SOUND PARKWAY, SUITE 250 3111 STIRLING ROAD FORT LAUDERDALE FL 33312 8. The above named entity submits this statement for the purpose of changing its pegistered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete Addition COX, MITCHELL A NAME NAME STREET ADDRESS 12534 WILES ROAD STREET ADDRESS **CORAL SPRINGS FL 33076** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition SULLIVAN, TIMOTHY MARGOLIS, STEVE NAME NAME 12534 WILES ROAD 12534 WILES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33076 CITY-ST-ZIP 333076 STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOMEZ, ALBERT NAME NAME STREET ADDRESS 12534 WILES ROAD STREET ADDRESS CITY-ST-ZIE **CORAL SPRINGS FL 33076** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #