FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90209 016 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006292

1. Entity Name
VIZCAYA NEIGHBORHOOD P.O.A.

DO NOT WRITE IN THIS SPACE

[redacted]
90136485

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6401 CONGRESS AVE.	6401 CONGRESS AVE.
Suite, Apt. #, etc.: SUITE 140	Suite, Apt. #, etc.: SUITE 140
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. FEI Number 65-0841334 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name STEVE LIPPMAN

Street Address (P.O. Box Number is Not Acceptable)

6401 CONGRESS AVE. # 140

City BOCA RATON FL Zip Code 33487

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P KALISH STAN	7161 Catalina Circle Delray Beach FL 33446		
VP SCHULBAUM ROBERT	15474 Fiorenza Cir. Delray Beach FL 33446		
VP AARONSON STEVE	15458 Fiorenza Circle Delray Beach FL 33446		DO NOT WRITE IN THIS SPACE
T ZEITLIN MIKE	7112 Catalina Circle Delray Beach FL 33446		
D COLBY JOSEPH	7267 Demedici Circle Delray Beach FL 33446		
D BERRANT LESLIE	7237 Catalina Circle Delray Beach FL 33446		

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #