

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90042 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44305

1. Corporation Name
VIZCAYA LAKES, INC.



Principal Place of Business

% H.L. WILEY
1100 MAIN, SUITE 2700
KANSAS CITY MO 64105
US

Mailing Address

% H.L. WILEY
1100 MAIN, SUITE 2700
KANSAS CITY MO 64105
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1207 3rd STREET S.

Suite, Apt. #, etc.

22 Suite 1

City & State

23 NAPLES, FL

Zip

24 34102

Country

2a. Mailing Address

26 1207 3rd STREET S.

Suite, Apt. #, etc.

27 Suite 1

City & State

28 NAPLES, FL

Zip

29 34102

Country

30

3. Date Incorporated or Qualified

06/15/1992

4. FEI Number

44-1703215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAYES, GEORGE L
ONE PROGRESS PLAZA
SUITE 1210
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 RUSSELL E. ANSLEY
83 Street Address (P.O. Box Number is Not Acceptable)
791 10TH STREET SOUTH
84 City
NAPLES
85 FL
86 Zip Code
34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

RUSSELL E. ANSLEY

04/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME WILEY, H. LEWIS
STREET ADDRESS 1212 W. 36TH
CITY-ST-ZIP INDEPENDENCE MO 64055
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AN/ST/D
1.2 NAME NANCY A. MORRISON
1.3 STREET ADDRESS 3340 SANTIAGO WAY
1.4 CITY-ST-ZIP NAPLES, FL 34105
☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 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

04/29/99

Date

(941) 262-6615

Daytime Phone #

CR2E034 (11/98)