

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714900

FILED
Feb 15, 2007
Secretary of State

Entity Name: VILLAHARBOUR APARTMENT ASSOCIATION, INC.

Current Principal Place of Business:

166 HARBOR DR.
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

166 HARBOR DR.
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 62-0854274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAGOVAC, JOHN
166 HARBOR DR
#10
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SAGOVAC, JOHN
Address: 166 HARBOR DRIVE #10
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: D () Delete
Name: RICE, JOSOPHINE
Address: 166 HARBOR DR #6
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: S () Delete
Name: GIUAFFRIDA, MARIA
Address: 166 HARBOR DRIVE #8
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: P () Delete
Name: WENZEL, MIKE
Address: 166 HARBOR DR #12
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: D () Delete
Name: SHEEHAN, DAVID
Address: 166 HARBOR DRIVE #2
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ZEINER, CAROL
Address: 166 HARBOR DR #7
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WENZEL, MIKE
Address: 166 HARBOR DR #12
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: P (X) Change () Addition
Name: SHEEHAN, DAVID
Address: 166 HARBOR DRIVE #2
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SAGOVAC

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02/15/2007

Electronic Signature of Signing Officer or Director

Date