

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714900

FILED  
Jan 04, 2008  
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: VP ( ) Delete  
Name: ZEINER, CAROL  
Address: 166 HARBOR DR #7  
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: VP ( ) Delete  
Name: WENZEL, MIKE  
Address: 166 HARBOR DR #12  
City-St-Zip: KEY BISCAYNE, FL 33149 US

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

T

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date