## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Jan 24, 2005 08:00 AM Secretary of State

| 1. Entity Nam                          | MENT #-728792<br>VILLAGES CENTER, INC.   |   |                                       | Secretary of State  |
|--|--|---|---------------------------------------|---|
| % PHOENIX<br>4780 N. STA<br>LAUDERDALI | e of Business<br>MANAGEMENT SERVICE, INC.<br>ITE RD. 7, #250<br>E LAKES, FL 33319 US | Mailing Address<br>4780 N. STATE RD. 7<br>SUITE 250<br>LAUDERDALE LAKES, FL | 33319 US                              |   |
|  | Place of Business  | 3. Mailing Address  Suite, Apt. #, etc.                                     | <del></del>                           | _   |
| Suite, Apt. #, etc.  City & State      |  | City & State  |                                       | 01062005 Chg-NP CR2E037 (10/03)  4. FEI Number Applied For                    |
|  |  |   |                                       | 59-1890491 Not Applicable   |
| Zip                                    | Country  | Zip   | Country                               | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required  |
|  | 6. Name and Address of Current   | Registered Agent  | Name                                  | 7. Name and Address of New Registered Agent                                   |
| 4780 N. ST<br>SUITE E-2                |  |   | Street Address                        | (P.O. Box Number is Not Acceptable)   |
| LAUDERD                                | DALE LAKES, FL 33319   |   | City                                  | FL Zip Code   |
|  | named entity submits this statement for<br>tions of registered agent.                | r the purpose of changing its re  | gistered office or registe            | ered agent, or both, in the State of Florida. I am familiar with, and accept  |
| SIGNATURE .                            | Signature, typed or printed name of registered agent                                 | and little If applicable. (NOTE R   | egistered Agent signature require     | ed when reinstating) DATE   |
|  | Filing Fee is \$61.25<br>Due by May 1, 2005  | 9. Election Camp<br>Trust Fund Cor  |                                       | \$5.00 May Be Added to Fees Make check payable to Florida Department of State |
| 10.                                    | OFFICERS AND DIF   | RECTORS Delete  | TITLE                                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition            |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STEINBERG, ALBERT<br>7370 S. ORIOLE BLVD. #507<br>DELRAY BEACH, FL 33446             | _ base  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C C C C C C C C C C C C C C C C C C C   |
| TITLE<br>NAME                          | SD<br>HILLMAN, MORT  | ☐ Delete  | TITLE<br>NAME                         | ☐ Change ☐ Addition   |
| STREET ADDRESS<br>CITY-ST-ZIP          | 7267 HUNTINGTON LANE<br>DELRAY BEACH, FL 33446                                       |   | STREET ADDRESS<br>CITY-ST-ZIP         | 01/25/05-80107-013 61.25  |
| TITLE<br>NAME                          | VPD<br>JUDAS, NEAL   | ☐ Delete  | TITLE<br>NAME                         | ☐ Change ☐ Addition   |
| STREET ADDRESS<br>CITY-ST-ZIP          | 7076 HUNTINGTON LANE #707<br>DELRAY BEACH, FL 33446                                  |   | STREET ADDRESS<br>CITY-ST-ZIP         |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition   |
| TITLE<br>NAME                          |  | ☐ Del <b>ete</b>  | TITLE NAME                            | ☐ Change ☐ Addition   |
| STREET ADDRESS C#Y-ST-ZIP              |  |   | STREET ADDRESS<br>CITY-ST-ZIP         |   |