2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2005 8:00 am Secretary of State **DOCUMENT # 738883** 1. Entity Name 03-10-2005 90135 044 ****61.25 VILLAS AT WOODMONT CONDOMINIUM - 73, INC. Principal Place of Business Mailing Address 7401 PALM TERRACE P.O. BOX 25333 TAMARAC FL 33320 10191 W SAMPLE RD **STE 203** CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-1861871 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALDORAZZO, JAMES Street Address (P.O. Box Number is Not Acceptable) 10191 W SAMPLE RD STE 203 CORAL SPRINGS FL 33065 Zip Code City 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. ٠, SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) + 2 - 1 TO THE WAR TO SERVE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. KOFFICERS AND DIRECTORS 11. TITLE TITLE Change ☐ Delete DOWNEY, ARLENE NAME NAME 8002 PALM TERRACE STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP Addition THILE Delete TITLE HARKINS, JAMES MAXFINE MAME NAME 8171 PRINGESS PALM CIRCLE TAMARAC, FL 33321 8172 ROYAL PALM CT STREET ADDRESS STREET ADORESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-7/P ₽ Detete THILE Addition TITLE ROSEN, HOWARD NAME NAME 8044 PRINCESS PALM CIR STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-7/P CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE SUSTO MALDONADO NAME NAME 8002 PRINCESS PALM CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition THILE □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05

FILED