2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State **DOCUMENT # 739969** 1. Entity Name 05-05-2006 90189 009 ****61.25 VILLAS MAINTENANCE, INC. Principal Place of Business Mailing Address 10034 W. MCNAB ROAD TAMARAC FL 33321 10034 W. MCNAB ROAD TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1797014 Not Applicable Zip 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 Name MILES, JAMES R Street Address (P.O. Box Number is Not Acceptable) 10034 W. MCNAB ROAD TAMARAC FL 33321 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Election Campaign Financing \$5.00 May Be Make Check Payable to naاریستون ⊏inal Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE TITLE Addition Elean Mckenzie NAME NAME 10034 WX STREET ADDRESS STREET ADDRESS 10034 WMCnabko TAMARAC FL33321 CITY-ST-ZIP CITY-ST-ZIP wac Ft 337. PD Delete TITLE TWYN NAME NAME 10034 WANCNAB RD STREET ADDRESS STREET ADDRESS TAMARAC FL 38321 CITY+ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition DICHNER, RENEE NAME NAME STREET ADDRESS 10034 W MCNAB RD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY - ST - ZIP TITLE ☐ Change ☐ Addition 10034 WARCHAB RD I DO 34 W. WENAB RO NAME NAME STREET ADDRESS STREET ADDRESS TAMARAC FL 93321 CITY-ST-ZIP CITY-ST-ZIP 2YPD TITLE TITLE ☐ Change ☐ Addition MORRIS. NAME NAME 10034 W MCNAB RD STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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: _

Komi Eileen M. McKenzie

4/21/06

FILED