2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State
07-23-2007 90037 035 ****61.25

DOCUMENT # 739969

1. Entity Name
VILLAS MAINTENANCE, INC.

Principal Place of Business	Mailing Address
10034 W. MCNAB ROAD TAMARAC, FL 33321	10034 W. MCNAB ROAD TAMARAC, FL 33321

02172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8360 W OAKLAND PARK BLVD	PO BOX 452199
Suite, Apt. #, etc.: 301	Suite, Apt. #, etc.:
City & State: SUNRISE, FL	City & State: SUNRISE, FL
Zip: 33351 Country: Broward	Zip: 33345-2199 Country: Broward

4. FEI Number: 59-1797014 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILES, JAMES R
10034 W. MCNAB ROAD
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name: TUCKER & TIGHE, P.A.
Street Address (P.O. Box Number is Not Acceptable): 800 E BROWARD BLVD #700
City: FORT LAUDERDALE **FL** Zip Code: 33301

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: Michelle Monkhouse For the firm - Tucker + Tighe 7/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VPD MARCHALL, ALICE 10034 W MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIBA, SPURGEON 4950 NW 42 st LAUDERDALE LAKES, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DICHNER, RENEE 10034 W MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BADDAL, ELSIE 4230 NW 51 AVE LAUDERDALE LAKES, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURKE, ESMIE 10034 WEST MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURKE, ESMIE 4950 NW 42 CT LAUDERDALE LAKES, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD MORRIS, EDWIN 10034 W MCNAB RD TAMARAC, FL 33321	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCKEZIE, EILEEN 10074 WEST MCNAB RD TAMARAC, FL 33321	☐ 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

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Eileen McKenzie - Eileen McKenzie - Pres. 7/13/07 954-245-1602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

4012641G

#439969

7/12/07

Note to: Tallahassee

Dear Sir/Madam

In March 2007 We Sent You the original signed form with check #355 that obviously was never received by your office. Since it's been outstanding for so long, we voided and reissue this check #452 as a replacement.

If you have any questions please call us

Thank You -

Martha (Accounts Payable)
ALLIANCE PROPERTY SYSTEMS
954-572-5900 Ext 6