2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State
03-25-2004 90020 018 ****61.25

DOCUMENT # 741058

1. Entity Name

VILLA BOUF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
107 CLAREMONT LN. PALM BEACH SHORES FL 33404	107 CLAREMONT LN. PALM BEACH SHORES FL 33404

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1887302 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VASILOVSKY, ALEX
107 CLAREMOUNT LN., #1
PALM BEACH GARDENS FL 33404

7. Name and Address of New Registered Agent

Name: PATRICIA DIMITROFF
Street Address (P.O. Box Number is Not Acceptable): 107 CLAREMONT LANE #3
City: PALM BEACH SHORES **FL** Zip Code: 33404

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: PATRICIA DIMITROFF SEC-TREASUREL Patricia Dimitroff DATE: 03/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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	D STEVENS, MARY 107 CLAREMONT LANE #4 PALM BEACH SHORES FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD DIMITROFF, PAT 8505 SCHRIBER DRIVE # 3 MUNSTER IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TCHOKRES, VASIL 107 CLAREMONT LANE #2 PALM BEACH SHORES FL 33404	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MRS. T. TCHOKRES 107 CLAREMONT LN. #2 PALM BEACH SHORES, FL. 33404 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VASILOVSKY, ALEX 107 CLAREMONT LANE #1 PALM BEACH SHORES FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ← VASILOVSKY, ALEX ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIMITROFF LAMBAD 107 CLAREMONT LANE #3 PALM BEACH SHORES, FL 33404 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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: Patricia Dimitroff PATRICIA DIMITROFF 3/20/04 561-842-2083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #