2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State
03-01-2005 90074 008 ****61.25

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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

02162005 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
DIMITROFF, PATRICIA 107 CLAREMONT LANE, #3 PALM BEACH SHORES, FL 33404	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 Patricia Dimitroff, SEC/TR. 2/23/05
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, 2005

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	 107 CLAREMONT LANE #3 PALM BEACH SHORES, FL. 33404	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TCHOKRES, T MRS. 107 CLAREMONT LANE, #2 PALM BEACH SHORES, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VASILOVSKY, ALEX 107 CLAREMONT LANE #1 PALM BEACH SHORES, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIMITROFF, LAMBAD 107 CLAREMONT LANE, #3 PALM BEACH SHORES, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 DIMITROFF, LAMBRO	☑ 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 2/23/05 561-842-2083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50021243

#741058

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 16, 2005

VILLA BOUF CONDOMINIUM ASSOCIATION, INC.
107 CLAREMONT LN.
PALM BEACH SHORES, FL 33404

SUBJECT: VILLA BOUF CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 741058

We have received your document for VILLA BOUF CONDOMINIUM ASSOCIATION, INC. and check(s) totaling $61.25. However, your check(s) and document are being returned for the following:

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

List the street address of each officer/director listed on the report or on an attachment.

Please make corrections on the enclosed 2005 annual report and return with your check for $61.25. done

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 305A00011006

PLEASE NOTE: I am enclosing the NEW original of the corrected form as requested and a new check for $61.25. both dated February 23, 2005. I use heavy black ink on documents. so I can make a copy for our files. Thank you Patricia Trinkoff

you sent to us