2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

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

01052006 No Chg-NP CR2E037 (11/05)

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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

DIMITROFF, PATRICIA
107 CLAREMONT LANE, #3
PALM BEACH SHORES, FL 33404

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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 January 6, 2006
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, 2006

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

000000381806
01/11/06-80070-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEVENS, MARY
STREET ADDRESS	107 CLAREMONT LANE #4
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	TSD
NAME	DIMITROFF, PAT
STREET ADDRESS	107 CLAREMONT LANE, 3
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	D
NAME	TCHOKRES, T MRS.
STREET ADDRESS	107 CLAREMONT LANE, #2
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	PD
NAME	VASILOVSKY, ALEX
STREET ADDRESS	107 CLAREMONT LANE #1
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	D
NAME	DIMITROFF, LAMBRO
STREET ADDRESS	107 CLAREMONT LANE, #3
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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: Patricia Dimitroff January 6, 2006 561 842-2083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #