2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741058

FILED Mar 19, 2009 Secretary of State

Entity Name: VILLA BOUF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 107 CLAREMONT LN PALM BEACH SHORES, FL 33404 **Current Mailing Address: New Mailing Address:** 107 CLAREMONT LN. 107 CLAREMONT LN. PALM BEACH SHORES, FL 33404 UNIT #4 SCOTT PALM BEACH SHORES, FL 33404 FEI Number: 59-1887302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEVENS, SCOTT 2288 WINDSOR RD PALM BEACH GARDENS, FL 33410 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STEVENS, MARY STEVENS, CARL Name: Name: 107 CLAREMONT LANE #4 Address: 107 CLAREMONT LANE #4 Address: City-St-Zip: PALM BEACH SHORES, FL 33404 City-St-Zip: PALM BEACH SHORES, FL 33404 Title: TSD () Delete Title: () Change () Addition DIMITROFF, PAT Name: Name: Address: 107 CLAREMONT LANE, 3 Address: City-St-Zip: PALM BEACH SHORES, FL 33404 City-St-Zip: Title: () Delete Title: () Change () Addition TCHOKRES, T MRS. Name: Name: Address: 107 CLAREMONT LANE, #2 Address: City-St-Zip: PALM BEACH SHORES, FL 33404 City-St-Zip: () Delete Title: PD Title: () Change () Addition Name: VASILOVSKY, ALEX Name: 107 CLAREMONT LANE #1 Address: Address: City-St-Zip: PALM BEACH SHORES, FL 33404 City-St-Zip: Title: () Delete Title: () Change () Addition DIMITROFF, LAMBRO Name: Name: 107 CLAREMONT LANE, #3 Address: Address: City-St-Zip: PALM BEACH SHORES, FL 33404 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL STEVENS SEC. 03/19/2009