


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90001 041 \*\*\*\*70.00

**DOCUMENT # 742300**  
 1. Entity Name  
**THE VILLAS-CENTRAL ASSOCIATION, INC.**



Principal Place of Business  
**1603 GOLFVIEW DR W  
 PEMBROKE PINES, FL 33026**

Mailing Address  
**1603 GOLFVIEW DR W  
 PEMBROKE PINES, FL 33026**

**54064210**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

07192004 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-1861064**

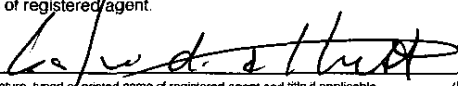
Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**MARCATÉ, ROBERT**  
**10750 GOLFVIEW DRIVE SOUTH**  
**PEMBROKE PINES, FL 33026**

**7. Name and Address of New Registered Agent**  
 Name  
**LESHE D. ALBERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1440 GOLFVIEW DRIVE W.**  
**PEMBROKE PINES**  
 City  
**FL** Zip Code  
**33026**

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  **17 JULY 2004**  
 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 September 8, 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**

TITLE PD	NAME MORCATÉ, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 10750 GOLFVIEW DRIVE SOUTH	CITY-ST-ZIP PEMBROKE PINES, FL 33026	
TITLE T	NAME BERGAMO, JACK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1450 GOLFVIEW DRIVE W	CITY-ST-ZIP PEMBROKE PINES, FL 33026	
TITLE VPD	NAME MORROCCO, ANNE	<input type="checkbox"/> Delete
STREET ADDRESS 10730 GOLFVIEW DRIVE SOUTH	CITY-ST-ZIP PEMBROKE PINES, FL 33026	
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE D	NAME MORCATÉ, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10750 GOLFVIEW DR. S.	CITY-ST-ZIP PEMBROKE PINES, FL 33026	
TITLE D	NAME BERGAMO, JACK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1450 GOLFVIEW DR. W.	CITY-ST-ZIP PEMBROKE PINES, FL 33026	
TITLE PD	NAME ALBERT LESLIE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1440 GOLFVIEW DR. W.	CITY-ST-ZIP PEMBROKE PINES, FL 33026	
TITLE TD	NAME STUBBS DEVON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1470 GOLFVIEW DR. W.	CITY-ST-ZIP PEMBROKE PINES, FL 33026	
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		

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:  **19 JULY 04 954436.9917**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #