

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2008
Secretary of State**

DOCUMENT# 742300

Entity Name: THE VILLAS-CENTRAL ASSOCIATION, INC.

Current Principal Place of Business:

1603 GOLFVIEW DR W
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1603 GOLFVIEW DR W
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 59-1861064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORROCCO, ANNE
1603 GOLFVIEW DRIVE WEST
PEMBROKE PINES, FL 33026 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:

Title: P () Delete
Name: MORROCCO, ANNE
Address: 1603 GOLFVIEW DRIVE WEST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: STUBBS, DEVON
Address: 1603 GOLFVIEW DRIVE WEST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Change () Addition
Name:
Address:
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: ANNE MORROCCO

P

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date