


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 752475**

1. Entity Name  
 THE VILLA MARIS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 4404 SOUTH OCEAN BLVD.  
 HIGHLAND BEACH, FL 33487

Mailing Address  
 4404 SOUTH OCEAN BLVD.  
 HIGHLAND BEACH, FL 33487



**DO NOT WRITE IN THIS SPACE**

01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-2178830

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHEWS, CAREY E  
 4404-D SOUTH OCEAN BLVD.  
 D  
 HIGHLAND BEACH, FL 33487

**DO NOT WRITE IN THIS SPACE**

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 CAREY E. MATTHEWS DATE 1-22-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCOCK, MARGARET E 4404-B SO OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, CAREY E 4404-D SO OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHEVERRIA, JUDITH 4404-A SOUTH OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECHEVERRIA, DALE 4404-A SOUTH OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALTER, VIRGINIA A 4404-D SOUTH OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000601710  
 01/26/07-80061-008 61.25

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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: Carey E. Matthews Date 1-22-07 Daytime Phone # 561 276-0218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR