

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**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**

FILED  
09 JUN -9 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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01122008 No Chg-NP CR2E037 (4/08)

4. FEI Number <b>59-2178830</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

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

700156943947  
06/09/09--01002--023 \*\*\$1.25

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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5-8-09** Daytime Phone #: **561 276-0218**