

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752475

FILED  
Jan 28, 2011  
Secretary of State

**Entity Name:** THE VILLA MARIS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4404 SOUTH OCEAN BLVD.  
HIGHLAND BEACH, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

4404 SOUTH OCEAN BLVD.  
HIGHLAND BEACH, FL 33487

**New Mailing Address:**

FEI Number: 59-2178830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: D  
Name: HANCOCK, MARGARET E  
Address: 4404-B SO OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: T  
Name: MATTHEWS, CAREY E  
Address: 4404-D SO OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: P  
Name: ECHEVERRIA, JUDITH  
Address: 4404-A SOUTH OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VP  
Name: ECHEVERRIA, DALE  
Address: 4404-A SOUTH OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: S  
Name: SALTER, VIRGINIA A  
Address: 4404-D SOUTH OCEAN BLVD  
City-St-Zip: HIGHLAND BEACH, FL 33487

I hereby 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 all other like empowered.

SIGNATURE: CAREY E. MATTHEWS

T

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date