2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000010414 1. Entity Name VILLA DEL SOL CONDOMINIUM ASSOCIATION, INC.



FILED

May 17, 2006 8:00 am Secretary of State 05-17-2006 90014 011 ****61.25

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Principal Place of Business 2925 S FEDERAL HIGHWAY BOYNTON BEACH, FL 33435		Mailing Address 2925 S FEDERAL HIGHWAY BOYNTON BEACH, FL 33435					1 10 E E I O I O I O O I		RIJE MUJUA SIRIL	BONT BESON MINN SI	ŽIJU BI JERI		
2. Principal P	lace of Busin	ess	3. Maili	ng Address									
a. Throipan add or business			6300 Park of Connerce Blud					ES KIR POIH BOIL DI	enn økråt nån	BRIII BRANI HANT AN	#1(#) () ()		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05012006	Chg-NP	CR2E	037 (4/06)			
City & State			City & State Boca Raton FL				4. FEI Number 65-10696	26 -20-4	33010	S No	oplied For ot Applicable		
Zip	Zip Country		Zip Cou 33435			untry	5. Certificate of Sta			tatus Desired S8.75 Additional Fee Required			
	_6. Name	and Address of Current	Registered	d Agent				7. Name and Ad	dress of New	Registered	Agent		
CADLANII	ALIE E	20				Name							
CAPLAN, LOUIS ESQ SACHS SAX KLEINT.				Street Address				P.O. Box Number is	Not Acceptab	ie)			
301 YAMA BOCA RAT), SUITE 4150						:- 					
BOCARA	TON, FE)545 i				City					Zip Coo	te	
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	named entity tions of regist	y submits this statement for ered agent	r the purpo	ose of changing its	s register	ed office o	ır register	ed agent, or both, i	n the State of F	florida. I ar	n familiar with,	, and accept	
and deligat	ione en regio.	oros agont.											
SIGNATURE .													
ordin it of the	Signature, typed	or printed name of registered agent	and title it appli	icable. (NOT	TE: Registere	d Agent signa	ture required	when reinstating)		DATE	<u> </u>		
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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 TO THE OF SIGNATURE AND TO THE OF SIGNATURE AND TO THE OF SIGNATURE AND THE OF ING OFFICER OR DIRECTOR

Date

Daytime Phone #