

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 24, 2011
Secretary of State

DOCUMENT# N03000010414

Entity Name: VILLA DEL SOL CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2925 S FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435**New Principal Place of Business:****Current Mailing Address:**2925 S FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435**New Mailing Address:**

FEI Number: 20-4330105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:KATZMAN GARFINKEL & BERGER
1501 NW 49TH ST.
2ND FLOOR
FORT LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**MIRABELLA VILLAS
2925 S. FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435 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: MIRABELLA VILLAS

05/24/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: P
Name: ANDING, STEFANIE
Address: 2925 S FEDERAL HIGHWAY
City-St-Zip: BOYNTON BEACH, FL 33435Title: D
Name: COLE, ELAINE
Address: 2925 S FEDERAL HIGHWAY
City-St-Zip: BOYNTON BEACH, FL 33435Title: D
Name: TRABAL, MILTON D
Address: 2925 S FEDERAL HIGHWAY
City-St-Zip: BOYNTON BEACH, FL 33435Title: S
Name: ZAHN, HARRIET
Address: 2925 SOUTH FEDERAL HIGHWAY
City-St-Zip: BOYNTON BEACH, FL 33435Title: D
Name: CURLEY, KRISTINA
Address: 2925 S. FEDERAL HIGHWAY
City-St-Zip: BOYNTON BEACH, FL 33435

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: HARRIET ZAHN

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05/24/2011

Electronic Signature of Signing Officer or Director_____
Date