


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

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90076 018 \*\*\*\*61.25

**DOCUMENT # N04000005102**

1. Entity Name  
**VILLA DE ESTE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2616 N.E. 14TH STREET  
 FT. LAUDERDALE, FL 33304**

Mailing Address  
**2616 N.E. 14TH STREET  
 FT. LAUDERDALE, FL 33304**

40107600



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05042007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**APPLIED FOR 41-2180584**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COONEY, JOHN M 200 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301		Name <b>John M. Cooney</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 EAST LAS OLAS Blvd.</b> Suite 1700 City <b>Fort Lauderdale</b> FL Zip Code <b>33301</b>	

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 John M. Cooney, Pres. DATE 05-04-07

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 September 14, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COONEY, JOHN			NAME			
STREET ADDRESS	2616 N.E. 14TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TANNER, SEAN			NAME			
STREET ADDRESS	2608 NE 14TH ST			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, JAMES			NAME			
STREET ADDRESS	2614 NE 14TH ST			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDRICKSON, LAUREL			NAME			
STREET ADDRESS	2618 N.E. 14TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: John M. Cooney **JOHN M. COONEY, Pres.** DATE 05-04-07 (954) 713-7620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #