


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90011 008 \*\*\*\*61.25

**DOCUMENT # N34329**  
1. Entity Name  
VILLA COSTA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
3210 S OCEAN BLVD  
3210 S. OCEAN BLVD.  
HIGHLAND BEACH, FL 33487 US

Mailing Address  
VILLA COSTA CONDO. ASSN.  
3210 S OCEAN BLVD  
HIGHLAND BEACH, FL 33487 US

**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
GROSS, WILLIAM  
3210 S OCEAN BLVD  
HIGHLAND BEACH, FL 33487

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reorganizing) 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	P
NAME	FELDMAN, CARL
STREET ADDRESS	3210 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	T
NAME	GROSS, WILLIAM
STREET ADDRESS	3210 S OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	S
NAME	BENNETT, HILDA
STREET ADDRESS	3210 S. OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	D
NAME	WEINER, ILENE
STREET ADDRESS	3210 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	VP
NAME	COLBY, JOSEPH
STREET ADDRESS	3210 S. OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**  **1-16-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #