2006 NOT-FOR-PROFIT CORPORATION

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Apr 27, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N96000005541 04-27-2006 90210 001 ****61.25 VILLA SONRISA FIVE CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 4000 LOVE 6352 SHADOW CREEK VILLAGE CIR PO BOX 541058 LAKE WORTH, FL 33454 LAKE WORTH, FL 33463 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Cho-NP CR2E037 (11/05) City & State City & State 4 FEI Number Applied For 65-0722657 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORMAN, KENNETH 6352 SHADOW CREEK VILLAGE CIRCLE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33463 City Zip Code 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 reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME KIRSCHNER, KENNETH NAME STREET ADDRESS 6576 VILLA SONRISA DRIVE #1215 STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP SD S TITLE Delete TITLE Addition FRANCES BERMAN BIERMAN, ELAINE NAME 6568 VILLA SONRISA DRIVE #1410 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SILVERMAN, IRENE NAME NAME 6560 VILLA SONRISA DRIVE #1312 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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☐ Change

■ Addition

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 office or directo 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 or Block 12 or Block 11 or B

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Delete