2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N96000005541

1. Entity Name
VILLA SONRISA FIVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6352 SHADOW CREEK VILLAGE CIR LAKE WORTH, FL 33463 US	PO BOX 541058 LAKE WORTH, FL 33454 US

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02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0722657
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORMAN, KENNETH
6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463

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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 _____ DATE
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 May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KIRSCHNER, KENNETH
STREET ADDRESS	6576 VILLA SONRISA DRIVE #1215
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	TD
NAME	SILVERMAN, IRENE
STREET ADDRESS	6560 VILLA SONRISA DRIVE #1312
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SD
NAME	BERMAN, FRANCES
STREET ADDRESS	6558 VILLASONERNA DR. #140
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/08-80030-021 61.25

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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: Irene Silverman 3-11-08 (561) 447-8819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IRENE SILVERMAN Treasurer