2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# 742300

Entity Name: THE VILLAS-CENTRAL ASSOCIATION, INC.

Current Principal Place of Business:

1603 GOLFVIEW DR W
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1603 GOLFVIEW DR W
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 59-1861064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBERT, LESLIE D
1440 GOLFVIEW DR
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

MORROCCO, ANNE
1603 GOLFVIEW DRIVE WEST
PEMBROKE PINES, FL 33026 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: ANNE MORROCCO 04/28/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORCATE, ROBERT
Address: 10750 GOLFVIEW DRIVE SOUTH
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: BERGAMO, JACK
Address: 1450 GOLFVIEW DRIVE W
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VPD (X) Delete
Name: MORROCCO, ANNE
Address: 10730 GOLFVIEW DRIVE SOUTH
City-St-Zip: PEMBROKE PINES, FL 33026

Title: PD (X) Delete
Name: ALBERT, LESLIE D
Address: 1440 GOLFVIEW DR W
City-St-Zip: PEMBROKE PINES, FL 33026

Title: TD (X) Delete
Name: STUBBS, DEVON
Address: 1470 GOLFVIEW DR W
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Delete
Name: KAPLAN, PAULINE
Address: 10841 GOLFVIEW DR N
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORROCCO, ANNE
Address: 1603 GOLFVIEW DRIVE WEST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T (X) Change ( ) Addition
Name: STUBBS, DEVON
Address: 1603 GOLFVIEW DRIVE WEST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANNE MORROCCO P 04/28/2005
Electronic Signature of Signing Officer or Director Date