

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90181 033 \*\*\*150.00

**DOCUMENT # 190884**

1. Entity Name  
**VILLA MADRID APARTMENTS INC**



Principal Place of Business  
**3025 HARBOR DR  
FT LAUDERDALE, FL 33316**

Mailing Address  
**P.O. BOX 7503  
FT LAUDERDALE, FL 33338 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212008 Chg-P CR2E034 (12/06)

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-6068668**

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

**CABOT MANAGEMENT & MARKETING, INC  
2727 E. OAKLAND PARK BLVD.  
#301  
FORT LAUDERDALE, FL 33306**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **PARRELLI, MATTHEW**  
STREET ADDRESS **3025 HARBOR DR., #9**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **D** ☐ Change ☒ Addition  
NAME **YOUNG, SHIRLEY**  
STREET ADDRESS **3025 HARBOR DR. #**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **D** ☐ Delete  
NAME **ROEMER, HAGEN**  
STREET ADDRESS **3025 HARBOR DR, #22**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **VPD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **LONG, CINDY**  
STREET ADDRESS **3025 HARBOR DR., #21**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **SIMS, MARILYN**  
STREET ADDRESS **3025 HARBOR DR., #2/4**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **KLEIN, EILEEN**  
STREET ADDRESS **3025 HARBOR DR., #7**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE **STD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **SIEBERT, JOHN #11**  
STREET ADDRESS **3025 HARBOR DR. #**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cindy L. Long* 4-29-08 954.561.8565  
Date Daytime Phone #