


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

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90019 030 \*\*\*\*70.00

<b>DOCUMENT # 707636</b>					
1. Entity Name THE VILLAS INC. #1, A CONDOMINIUM					
Principal Place of Business 3710-20-30 HARRISON STREET HOLLYWOOD, FL 33021			Mailing Address 3720 HARRISON ST APT 1 HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072008 Chg-NP CR2E037 (12/06)	
Zip		Zip		4. FEI Number 59-2081149	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
FASANELLO, PAUL 3720 HARRISON ST HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
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.				FL Zip Code	
SIGNATURE _____				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGATE, LUCIANN E			NAME	
STREET ADDRESS	3710 HARRISON ST #4			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, MARIA			NAME	V/D Harold Fusion
STREET ADDRESS	3710 HARRISON ST 2			STREET ADDRESS	3710 Harrison St #2
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	Hollywood, FL 33021
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASANELLO, PAUL			NAME	
STREET ADDRESS	3720 HARRISON ST. #1			STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPUCHANSKY, MICHAEL			NAME	S/D Michael Lopushansky
STREET ADDRESS	3920 HARRISON ST #3			STREET ADDRESS	3720 Harrison St #3
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYFEN, IRENE			NAME	D Cesar Ricos
STREET ADDRESS	3730 HARRISON ST #2			STREET ADDRESS	3730 Harrison St #1
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAJALES, FRANCISCO			NAME	D Beatriz Grossu
STREET ADDRESS	3720 HARRISON ST #2			STREET ADDRESS	3720 Harrison St #2
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	Hollywood, FL 33021
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: <i>Paul Fasanello</i> Paul Fasanello		Date: 12 Jan 07		Daytime Phone #: 954 983 6945	

40034091

