

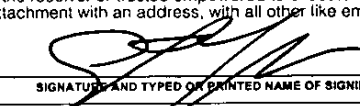


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90036 009 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # 712281</b><br>1. Entity Name<br><b>THE VILLAGE BY THE SEA CONDOMINIUM<br/>APARTMENTS, SECTIONS A &amp; B, INC.</b>   |   |   |  |                             |  |
| Principal Place of Business<br><b>1967 SOUTH OCEAN BLVD<br/>POMPAÑO BEACH, FL 33062</b>  |   |   | Mailing Address<br><b>C/O PRO PROPERTY MGMT<br/>2176 W OAKLAND PRO BLVD<br/>FORT LAUDERDALE, FL 33311</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1967 South Ocean Blvd</b>   |   | 3. Mailing Address<br><b>c/o Property Mgmt Ptners</b>   |  |                            |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br><b>7300 W McNab Rd. #220</b>   |  | 05062008    Chg-NP    CR2E037 (12/06)  |  |
| City & State<br><b>Pompano Beach, FL</b>   |   | City & State<br><b>Tamarac, FL</b>  |  | 4. FEI Number<br><b>59-1291307</b>   |  |
| Zip<br><b>33062</b>  |   | Country<br><b>US</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PRO PROPERTY MGMT CORP<br/>2176 W OAKLAND PARK BLVD<br/>FORT LAUDERDALE, FL 33311</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name <b>Property Management Partners</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>7300 West McNab Road</b><br><b>Suite 220</b><br>City <b>Tamarac</b> FL    Zip Code <b>33321</b> |  |  |
| 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.<br><br>SIGNATURE <b>Mayana Pimpato</b> DATE <b>5/6/08</b><br><small>(Signature, typed or printed name of registered agent and title if applicable)    (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Director</b><br><b>GONZALEZ, ROBERT</b><br><b>1967 S OCEAN BLVD., #306</b><br><b>POMPAÑO BEACH, FL 33062</b>     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Vice President</b><br><b>Joanna Kirwin</b><br><b>1967 S Ocean Blvd. 303A</b><br><b>Pompano, FL. 33062</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>HICKEY, PHIL</b><br><b>6771 GUILDFORD</b><br><b>SHELBY, MI 48316</b>   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Director</b><br><b>Leonard Reinecke</b><br><b>1967 S Ocean Blvd #A101</b><br><b>Pompano, FL. 33062</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Secretary</b><br><b>BERTUGLIA, SAM</b><br><b>1967 S OCEAN BLVD. # 207</b><br><b>POMPAÑO BEACH, FL 33062</b>      | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Treasurer</b><br><b>SMALL, SUNNY N</b><br><b>1967 S OCEAN BLVD., #304</b><br><b>POMPAÑO BEACH, FL 33062</b>      | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>President</b><br><b>SYKES, STEPHEN</b><br><b>1967 S OCEAN BLVD., #308 302A</b><br><b>POMPAÑO BEACH, FL 33062</b> | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>CUSENZA, JOHN</b><br><b>4274 FELLA STREET</b><br><b>SHELBY, MI 48316</b>                             | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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. |   |   |  |  |  |
| <b>SIGNATURE:</b>   |   |   | <b>12 MAY 08</b><br><small>Date    Daytime Phone #</small>   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |  |  |  |