2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # 713589 LAKE VILLAS ASSOCIAT	TION, INC.		01-25-2008 90024 009 ****70.00
Principal Place of Business 1201 NW 43RD ST POMPANO BCH, FL 33064		Mailing Address 1201 NW 43RD ST POMPANO BCH, FL 33064		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202008 Chg-NP CR2E037 (12/06)
City & State		City & State		4. FEI Number Applied For 59-1308247 Not Applied
Zip .	* Country	Zip	Country	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
1600 NE 50	AGEMENT GROUP INC 6 ST RDALE, FL 33334		Name Street Addre	iss (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
SIGNATURE .	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008		E: Registered Agent signature recompaign Financing Contribution.	\$5.00 May Be Added to Fees Florida Department of State
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNO, JOHN 4380 NW 12TH DRIVE POMPANO BEACH, FL 33064	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLEX FEDORCZYK Change RAddi 4361 NW 12Th TER: POMPANO BEACH F1.33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAGNER, DIANE 1271 NW 44 STREET POMPANO BEACH; FL 33064	☐ Delete	NAME STREET ADDRESS	VP Change RAddi 4301 NW 12Th Ter, Pumpano Beach Fl 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HANDLEY, JOHN H JR 4381 NW 13TH AVE POMPANO BEACH, FL 33064	Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Lester WAY 1301 NW 12TH WAY Pompano Boach F1 33064
TITLE NAME STREET ADDRESS, CITY-ST-ZIP	D RIOS, GEORGE 4341 12TH DRIVE POMPANO BEACH, FL 33064	Ø Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	Pom-PANO BEACH FI 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SELECTOR, THOMAS 1281 44TH ST POMPANO BEACH, FL 33064	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addi
indicated of the cor	on this report or supplemental report i	s true and accurate and that record	ny signature shall have as required by Chapter	ined in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or directly 617, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE: Olay Federal - Alex Federal VI 1-22-00 366-3303

SIGNATURE AND TYPED OR PRINTED AND OF SIGNING OFFICER OR DIRECTOR

Date Date Depting Priorie #