

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90211 042 ****61.25

DOCUMENT # 717746

1. Entity Name
VILLAS SOCIAL CLUB, INC.



Principal Place of Business
4301 N.W. 48TH AVE
FORT LAUDERDALE, FL 33319-4659

Mailing Address
4301 N.W. 48TH AVE
FORT LAUDERDALE, FL 33319-4659

94073509



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-1366036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILES, JAMES
10034 W. MCNAB ROAD
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	REID, MAISIE	
STREET ADDRESS	10034 W. MCNAB ROAD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKENZIE, EILEEN	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DICHNER, RENEE	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC, FL 33324	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINSOME, BAILEY	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARRY, PATRICK	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BADDAL, ELSIE	
STREET ADDRESS	10034 W. MCNAB RD.	
CITY-ST-ZIP	TAMARAC, FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04