## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

WEST PALM BEACH, FL 33415

PD

LIMAGE, CARI

STREET ADDRESS | 2885-A CROSLEY DR. EAST

CITY-ST-ZIP

TITLE

NAME

## **FILED** Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90025 016 \*\*\*\*61.25

☐ Change

Donat Choquette 2905 Crosley Drive GAST, Apt. A

WPB,FC 33415

☐ Addition

1. Entity Name	ENT # 717987 EN VILLAS NO. 15 CON	DOMINIUM, INC.			4005520	<u>د</u>		
Principal Place of Business % CROSLEY MASTER ASSOCIATION 2889 CROSLEY DR. EAST WEST PALM BEACH, FL 33415-8418  Mailing Address % CROSLEY MASTER ASSOCIATION 2889 CROSLEY DR. EAST WEST PALM BEACH, FL 33415-8418							BIEN 611N 611N 611N 611N 611N	))]]]]]]]]]
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01	092008 Chg-N	P C	R2E037 (12/06)	
City & State		City & State		4.	4. FEI Number			
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 Regis	tered Agent	
BORGES, REYNALDO CROSLEY RECREATION CENER				Kena Address (RO	Sox Nomber is Not A	cceptable)	exter	m.
2889 CROSLEY DRIVE WEST PALM BEACH, FL 33415			2.	889	Crosse	Driv	<u>ه ادن</u>	
			City	Jent.	Palm Bb	us h	FL ZES	الرحـــ
	med entity submits this statement for s of registered agent.	r the purpose of changing its	registered office	or registered a	gent, or both, in the S	State of Florida.	. I am familiar with,	and accept
SIGNATURE	nature, typed or printed have of registered agent	and little if applicable. (NOT	E: Registered Agent sign:	alure required when	reinstating)	211	DATE	
Sign Fil	Ing Fee is \$61.25 ue by May 1, 2008	9. Election Car	E: Registered Agent sign impaign Financing Contribution.	\$5.	00 May Be		Check payable to	
Sign Fil	ling Fee is \$61.25	9. Election Car Trust Fund (	npaign Financing	\$5.  Add	00 May Be	Florida	Department of St	ate
Fill Du 10.	ling Fee is \$61.25 ue by May 1, 2008 OFFICERS AND DIE	9. Election Car Trust Fund (	mpaign Financing Contribution.	□ \$5. Add	00 May Be ed to Fees	Florida	Department of St	ate
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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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Defete

NING OFFICER OR DIRECTOR SIGNATURE: Date