

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718401

FILED
Feb 12, 2008
Secretary of State

Entity Name: VILLA TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3640 NO. OCEAN DR.
RIVIERA BEACH, FL 33404

New Principal Place of Business:

Current Mailing Address:

3640 NO. OCEAN DR.
RIVIERA BEACH, FL 33404

New Mailing Address:

FEI Number: 59-1638100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYKE, DEE ANNE
3640 N. OCEAN DRIVE
APT. 429
WEST PALM BEACH, FL 33404 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/T () Delete
Name: SIMON, DIANE
Address: 3640 NO OCEAN DR
City-St-Zip: RIVIERA BEACH, FL

Title: PD () Delete
Name: SEIKMANN, URSULA
Address: 3640 N OCEAN DR
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: WISOR, DORIS
Address: 3640 NO. OCEAN DR.
City-St-Zip: RIVIERA BEACH, FL 33404

Title: SD () Delete
Name: DYKE, DEE ANNE
Address: 3640 N OCEAN DR
City-St-Zip: RIVIERA BCH, FL 33404

Title: VD () Delete
Name: HOFFMAN, ROBERT
Address: 3640 N. OCEAN DRIVE
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE SIMON

D/T

02/12/2008

Electronic Signature of Signing Officer or Director

Date