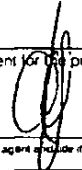
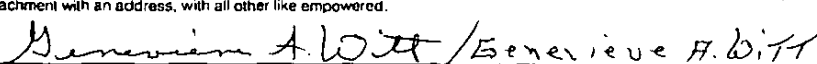


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/2

FILED
May 31, 2007 8:00 am
Secretary of State

05-02-2007 90061 019 ****61.25

DOCUMENT # 723315 1. Entity Name VILLA VALLENCIA CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 50 SE 12TH STREET BOCA RATON, FL 33432			Mailing Address 301 W CAMINO GARDEN BLVD STE 200 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6300 PARK OF COMMERCE BLVD Suite, Apt. #, etc.			
City & State Zip		City & State BOCA RATON, FL Zip 33487		Country USA.	
4. FEI Number 59-1442005				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GLEN, ANDREW 301 W CAMINO GARDENS BLVD STE 200 FORT MYERS BEACH, FL 33932			7. Name and Address of New Registered Agent Name GLEN, ANDREW Street Address (P.O. Box Number is Not Acceptable) 6300 PARK OF COMMERCE BLVD City BOCA RATON FL Zip Code 33487		
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  (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, BARBARA 50 SE 12TH ST BOCA RATON, FL 33432	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, KEVIN 50 SE 12 ST STE 236 BOCA RATON, FL 33432	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KENNEY, JAMES 50 SE 12TH ST 262 BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SILVERS, MARYANN 50 SE 12TH STREET BOCA RATON, FL 33432	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WITT, GENEVIEVE 50 SW 12TH ST #162 BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORTON, BUTCH 50 SE 12TH ST. BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.					
SIGNATURE:  / Genevieve A. Witt SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 5/22/07 Daytime Phone #					

66017295



04252007 Chg-NP CR2E037 (12/06)

4/25/07.
DATE