2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 25, 2008 8:00 am **DOCUMENT # 723315 Secretary of State** 1. Entity Name 03-25-2008 90010 030 ****61.25 VILLA VALENCIA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 50 SE 12TH STREET 6300 PARK OF COMMERCE BLVD **BOCA RATON FL 33432 BOCA RATON FL 33487** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4010 South Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/07) 4204 City & State City & State 4. FEI Number Applied For 59-1442005 renacre Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current R 7. Name and Address of New Registered Agent CAPLAN, LOUIS ESQ Street Address (P.O. Box Number is Not Acceptable) C/O SACHS & SAX 301 YAMATO ROAD, STE 4150 **BOCA RATON FL 33431** City 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 . DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Begistored Agent signature (recurred when reinstanny) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete President TITLE TITLE Change Addition KENNEY, JAMES Frep cook NAME NAME 50 SE 1212 St. # 268 50 SE 12TH ST 262 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP BOCA RATON FL 33432 CITY-ST-Z-P 00A RATON F1. 33432 REUSURER Delate TITLE TITLE Change Addition KURT DRAXL WITT, GENEVIEVE NAME NAME 50 SW 12TH ST #162 30 NE STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY- ST-7/P CITY-ST-ZIP TITLE ☑ Delete TITLE Change ECRETAR Addition NAME NORTON, BUTCH NAME 50 SE 12TH ST. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIF CITY-ST-ZIP THILE ☐ Delete TITLE Change **■** Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREE! ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ER OR DIRECTOR

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