


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT # 725398 1. Entity Name VILLA RIO CONDOMINIUM APARTMENTS INC	
---	---

Principal Place of Business 2400 NORTHEAST 16TH ST. POMPANO BEACH, FL 33062	Mailing Address 2400 NORTHEAST 16TH ST. #114 POMPANO BEACH, FL 33062
---	---

DO NOT WRITE IN THIS SPACE



02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1519687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIDGER, SAGE L
 2400 NE 16TH STREET
 #104
 POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

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: Registered Agent signature required when reissuing)

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000161575
 05/27/04-80001-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIDGER, SAGE 2400 NE 16ST #104 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOLAN, CAULEEN 2400 NE 16TH ST #114 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERRIGO, JANICE 2400 NE 16 ST. #113 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, TERRY 2400 NE 16TH ST #105 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOFKA, MARK 2400 NE 16ST #212 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOURNIER, JEAN 2400 NE 16TH ST. #209 POMPANO BEACH, FL

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sage L. Bridger 13-3-04 1954675-9436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #