


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90026 043 ***150.00

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. #104 POMPANO BEACH, FL 33062		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
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			7. Name and Address of New Registered Agent		
BRIDGER, SAGE L 2400 NE 16TH STREET #104 POMPANO BEACH, FL 33062			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Sage L. Bridger</u>		SIGNATURE <u>Sage L. Bridger</u>		DATE <u>2-28-06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
T NAME STREET ADDRESS CITY-ST-ZIP	T BRIDGER, SAGE 2400 NE 16ST #104 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete			
P NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, MARK 2400 NE 16 ST #204 POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
S NAME STREET ADDRESS CITY-ST-ZIP	S PERRIGO, JANICE 2400 NE 16 ST. #113 POMPANO BEACH, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VP NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, BRAD 2400 BE 16 ST #214 POMPANO BEACH, FL 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D NAME STREET ADDRESS CITY-ST-ZIP	D COFKA, MARK 2400 NE 16ST #212 POMPANO BEACH, FL 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D NAME STREET ADDRESS CITY-ST-ZIP	D FOURNIER, JEAN 2400 NE 16TH ST. #209 POMPANO BEACH, FL	<input checked="" type="checkbox"/> Delete			
P NAME STREET ADDRESS CITY-ST-ZIP	P ANDREWS, MARK 2400 NE 16 St. #204 Pompno Beach, FL. 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
P NAME STREET ADDRESS CITY-ST-ZIP	P John Skidmore 2400 NE 16 St. #208 Pompno Beach, FL. 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Sage L. Bridger</u>		SIGNATURE: <u>Sage L. Bridger</u>		DATE: <u>2-28-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
				Daytime Phone # <u>(954) 675-9436</u>	