

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # 728391

1. Entity Name
**VILLAGE TOWNHOUSE CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**ATTN: MIMI STRUBLE
945 ROYAL PALM BEACH
ROYAL PALM BCH, FL 33411**

Mailing Address

**ATTN: MIMI STRUBLE
945 ROYAL PALM BEACH
ROYAL PALM BCH, FL 33411**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-1536612

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRUBLE, MIMI
945 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STRUBLE, MIMI
STREET ADDRESS	945 ROYAL PALM BEACH BLVD
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	S
NAME	NICOLETTA, MARILYN
STREET ADDRESS	947 ROYAL PALM BEACH
CITY-ST-ZIP	ROYAL PALM BCH, FL 33411
TITLE	T
NAME	TOUSSAINT, NANCY
STREET ADDRESS	949 ROYAL PALM BEACH
CITY-ST-ZIP	ROYAL PALM BCH, FL 33411
TITLE	BM
NAME	LEBUS, GEORGE
STREET ADDRESS	708 COLONY DR.
CITY-ST-ZIP	ROYAL PALM BCH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000848422
03/20/08-80018-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Mimi Struble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-08 561798-0213
Date Daytime Phone #