2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT #735311

1. Entity Name

THE VILLAS ESCONDIDO CONDOMINIUM

ASSOCIATION, INC.

Principal Place of Business

3680 BARNA AVENUE

UNIT 106 TITUSVILLE, FL 32780 Malling Address

3680 BARNA AVENUE

UNIT 106

TITUSVILLE, FL 32780

FILED Jan 17, 2008 08:00 A Secretary of State



01112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number **NOT APPLICABLE**

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REDDICK, TODD 3680 BARNA AVE UNIT 106

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THOSVILLE, FL 32/80			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 A	port olympto	e required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financia Trust Fund Contribution.	9	\$5.00 May Be Added to Fees	U00000787388 01/17/08-80080-005 61.25
10.		OFFICERS AND DIRECTORS			
NAME STREET ADDRESS CITY-ST-ZIP	P COCHRANE, GRAHAM 7927 FOXE DRIVE NIAGARA FALLS, ON. L2H 2Y5,		·		
TITLE	V				
NAME	RICE, DOUG				
STREET ADDRESS CITY-ST-ZIP	27 FORESTVIEW DRIVE DUNDAS, ONT. L9H 6M9,				
TITLE	S MAMBELLA, ANN 8 FERN WOOD TERR				
NAME STREET ADDRESS				DO NOT MIDITE	
CITY-ST-ZIP	ST CATHARINES, ONTARIO,	ľ	DO NOT WRITE IN THIS SPACE		
TITLE	D				
NAME STREET ADDRESS	FOX, COLLEEN 20 BAIF BLVD				
CITY-ST-ZIP	RICHMOND HILL, ONT. L40 8T1,			•	
TITLE	D				
NAME	SCHAEFFER, ELMO				
STREET ADORESS CITY-ST-ZIP	3560 BARNA AVE, UNIT 219 TITUSVILLE, FL. 32780	į			
TILE	TD				
NAME	D'AMELIO, FRANK				
STREET ADDRESS	11 MARMORA ST				
CITY-ST-ZIP	ST. CATHARINES, ONT.,	<u></u>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chanter 119. Florida Statutes, I further certify that the information					

Interest centry that the information supplied with this hinting oces not quality for the exemptions contained in Chapter 119, mortal additional. Human 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: ____