

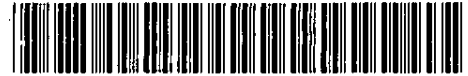
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # 739081 1. Entity Name VILLA MADRID II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 10191 W. SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065 US	Mailing Address 10191 W. SAMPLE ROAD SUITE 203 CORAL SPRINGS FL 33065 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE	CR2E037 (10/07)
4. FEI Number 59-1991224	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALDERAZZO, JAMES 1791 WEST SAMPLE RD SUITE 203 CORAL SPRINGS FL 33065
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. (Exempted.)	DATE _____ (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERLACH, DEIDRE 11131 ROYAL PALM BLVD #5 CORAL SPRINGS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, SHIRLEY 11131 ROYAL PALM BLVD #7 CORAL SPRINGS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTO, JORGE 11131 ROYAL PALM BLVD #14 CORAL GABLES FL 33065 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, SUSAN 11131 ROYAL PALM BLVD #5 CORAL SPRINGS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000823193 02/20/08-80028-008 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 an other like empowered

SIGNATURE: 