


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90248 050 ****61.25

DOCUMENT # 740120 1. Entity Name VILLA LAGO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 815 SE 19TH AVE DEERFIELD BEACH, FL 33441 US			Mailing Address 815 SE 19TH AVE #203 DEERFIELD BEACH, FL 33441 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1825096	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KROZY, STEVIE ANN 815 SE 19TH AVE #203 DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
Filing Fee is \$61.25 Due by May 1, 2007			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRENDERGAST, MARILYN 815 SE 19TH AVENUE, #105 DEERFIELD BCH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KROZY, STEVIE ANN 815 SE 19TH AVE #203 DEERFIELD BCH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, MARJORIE 815 SE 19TH AVENUE, #201 DEERFIELD BCH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAGHAN, CAROLYN 815 SE 19TH AVENUE, #204 DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		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 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>Stevie Ann Krozy</u> (STEVIE ANN KROZY) 1/4/2007 (954) 531-6566					