

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90163 027 ****61.25

DOCUMENT # 741362 1. Entity Name OMEGA VILLAS CONDOMINIUM ASOCIATION, INC.					
Principal Place of Business 1971 W. MCNAB ROAD POMPANO BEACH, FL 33069 US			Mailing Address 1971 W. MCNAB ROAD POMPANO BEACH, FL 33069 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 59-2115599	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALL FLORIDA MANAGEMENT 1971 W. MCNAB ROAD POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name Lloyd W. Proctor, Esquire Street Address (P.O. Box Number is Not Acceptable) 400 S.E. 18 Street City Fort Lauderdale FL Zip Code 33316		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 4-25-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKER, KENNETH 1704 NW 72ND AVE. PLANTATION, FL 33313	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOPER, BERNARD 1724 NW 71ST AVE. PLANTATION, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SABATES, PATRICIA 1709 NW 71ST AVE. PLANTATION, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOGGEES, JAMES 1732 NW 72ND AVE. PLANTATION, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATES, PATSY 1728 NW 71ST AVE. PLANTATION, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, MARIA 1744 NW 74TH AVE. PLANTATION, FL 33313	<input checked="" type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPIDES, BLAIR 1745 NW 74TH AVE PLANTATION, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, SHAWN 1760 NW 73RD AVE PLANTATION, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABATES, PATRICIA 1709 NW 71ST AVE PLANTATION, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOGGEES, JAMES 1732 NW 72ND AVE PLANTATION, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIGLIOTTI, PAULA 1729 NW 73RD AVE PLANTATION, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIRADO, MIRIAM 1745 NW 71ST AVE PLANTATION, FL 33313	<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 supplement thereto 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 persons empowered.					
SIGNATURE: Bernard Cooper 4/28/08 954-581-1979 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					