2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008
Secretary of State

DOCUMENT# 741563

Entity Name: VILLA VICKI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1899 WASHINGTON ST
UNIT A
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

1899 WASHINGTON ST
UNIT A
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 59-2045013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOY, RAMONA A
1899 WASHINGTON ST
UNIT A
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SAA, CAROLOS	
Address:	1899 WASHINGTON ST, UNIT B	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	T	( ) Delete
Name:	FOY, RAMONA A	
Address:	1899 WASHINGTON ST UNIT A	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	VP	( ) Delete
Name:	ROBINSON, TRACY	
Address:	1899 WASHINGTON ST, UNIT D	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	S	( ) Delete
Name:	MORIARTY, DIANE	
Address:	1899 WASHINGTON ST, UNIT C	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	VP	( ) Delete
Name:	CHELSIE, ANTENOR	
Address:	1899 WASHINGTON STREET UNIT E	
City-St-Zip:	HOLLYWOOD, FL 33020	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMONA ANNE FOY T 05/27/2008
Electronic Signature of Signing Officer or Director — Date