2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State

DOCUMENT # 742698 1. Entity Name VERSAILLES OWNERS ASSOCIATION, INC.				A	Secretary of State 01-24-2008 90032 001 ****61.25			
605 \$ GULFSTREAM AVE. 60		Mailing Address 605 S GULFSTREAM SARASOTA, FL 3423		£ HARRO 1100 OFFIO HERO E	1018 1810 1884 1814 1817 1818 1870 1888 1884	ia: 6 1 :10 1		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008 Chg-N	P CR2E037 (12/06)			
City & State		City & State		4. FEI Number 59-1890648	 	olied For Applicable		
Zip	Country	Zip	Country	5. Certificate of Status	Desired S8.75 Addit Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Agent			
ARFI HAD	RVEY .I		Name					
ABEL, HARVEY J 240 S. PINEAPPLE AVENUE SARASOTA, FL 34236			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
	named entity submits this statement fo ions of registered agent.	r the purpose of changing	its registered office or regis	stered agent, or both, in the S	State of Florida. 1 am familiar with, a	and accept		
SIGNATURE .	Signature, typed or printed name of freguerored agent.		OTE: Registered Agent signature req	jured when remetating)	DATE			
						I		
			Campaign Financing	\$5.00 May Be Added to Fees	Make check payable to Fiorida Department of Sta			
10.		Trust Fund		Added to Fees		ste		
10. TITLE	Due by May 1, 2008	Trust Fund	d Contribution.	Added to Fees	Fiorida Department of Sta	ste		
	OFFICERS AND DIE P LOWY, SUSAN	Trust Fund	d Contribution.	Added to Fees	Fiorida Department of Sta	10		
TITLE NAME STREET ADDRESS	OFFICERS AND DIE P LOWY, SUSAN 605 GULFSTREAM AVE.	Trust Fund	11. ITILE NAME STREET ADDRESS	Added to Fees	Fiorida Department of Sta	10		
TITLE NAME	Due by May 1, 2008 OFFICERS AND DIF P LOWY, SUSAN 605 GULFSTREAM AVE. SARASOTA, FL 34236	Trust Fund	11. ITLE NAME	Added to Fees	Fiorida Department of Sta	10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LOWY, SUSAN 605 GULFSTREAM AVE. SARASOTA, FL 34236	Trust Fund	11. ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE	Added to Fees	Fiorida Department of Sta	10		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P LOWY, SUSAN 605 GULFSTREAM AVE. SARASOTA, FL 34236 TD HICKS, BOBBI	Trust Fund	11. ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	Added to Fees	Florida Department of Sta O OFFICERS AND DIRECTORS IN Change	10 Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P LOWY, SUSAN 605 GULFSTREAM AVE. SARASOTA, FL 34236 TD HICKS, BOBBI 605 GULFSTREAM AVE.	Trust Fund	11. ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS STREET ADDRESS	Added to Fees	Florida Department of Sta O OFFICERS AND DIRECTORS IN Change	10 Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	P LOWY, SUSAN 805 GULFSTREAM AVE. SARASOTA, FL 34236 TD HICKS, BOBBI 605 GULFSTREAM AVE. SARASOTA, FL 34238	Trust Fund	11. ITTLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Department of Sta O OFFICERS AND DIRECTORS IN Change Change	10 Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	P LOWY, SUSAN 805 GULFSTREAM AVE. SARASOTA, FL 34236 TD HICKS, BOBBI 605 GULFSTREAM AVE. SARASOTA, FL 34238 VP	Trust Fund	11. ITTLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Department of Sta O OFFICERS AND DIRECTORS IN Change	10 Addition		
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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 AND TYPED OR PRINTED MAKE OF SIGNING OFRIGER OR DIRECTOR		Date	Daytime Phone #
SIGNATURE:	Susan Loron	SUSMAN LOWY	1-8-08	941-755-0257