

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743618

FILED  
Jun 15, 2005  
Secretary of State

**Entity Name:** VILLA MARIE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3307 NW 108 DR  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8555  
POMPANO BEACH, FL 33075 US

**New Mailing Address:**

**FEI Number:** 59-1965045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

SILVA, ELBERT X  
5057 NW 95 TH DRIVE  
POMPANO BEACH, FL 33076 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: PD ( ) Delete  
Name: GARCIA, ANTONIO  
Address: 5057 NW 95TH DR  
City-St-Zip: POMPANO BEACH, FL 33076

Title: TD ( ) Delete  
Name: SILVA, ELBERT X  
Address: 3307 NW 108TH DR #8  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD ( ) Delete  
Name: LUSK, TERRI  
Address: 3307 NW 108TH DR 12  
City-St-Zip: POMPANO BEACH, FL 33065

Title: VD ( ) Delete  
Name: REALE, TERI  
Address: 3307 NW 108TH DR 10  
City-St-Zip: POMPANO BEACH, FL 33065

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELBERT X. SILVA

TD

06/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date