


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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| DOCUMENT # 744370 | |  |
| 1. Entity Name VILLA MANORS CONDOMINIUM ASSOCIATION, INC. | | |

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| Principal Place of Business 2720 NE 8TH AVE #2 WILTON MANORS, FL 33334-2528 | Mailing Address P.O. BOX 1748 FT. LAUDERDALE, FL 33302 |
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| 2. Principal Place of Business 2720 NE 8 AVE | 3. Mailing Address Suite, Apt. #, etc. |
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| City & State WILTON MANORS, FL | City & State |
| Zip 33334 | Country BROWARD |

FILED
04 NOV 30 PM 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11122004 Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-1997705 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WILSON, TED 1791 SW 28TH TERRACE FORT LAUDERDALE, FL 33312 | |
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| 7. Name and Address of New Registered Agent Name DARREN J. DiAMENT Street Address (P.O. Box Number is Not Acceptable) 2720 NE 8 AVENUE #2 City WILTON MANORS FL Zip Code 33334 | |
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| 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 DARREN J. DiAMENT Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) 11/12/04 DATE |

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| Amended AR is \$61.25 | 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILSON, TED 1791 SW 28TH TERRACE FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TENNY, DANNIELL 2720 NE 8TH AVE #3 WILTON MANORS, FL 33334 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COSGROVE, BRYAN 2720 NE 8TH AVENUE #8 WILTON MANORS, FL 33334 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD FORD, ROBERT 2720 NE 8TH AVENUE #13 WILTON MANORS, FL 33334 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODOWSKI, WILLIAM 2720 NE 8TH AVE #18 WILTON MANORS, FL 33334 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STUART ABRAMS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2720 NE 8 AVE #10 PD WILTON MANORS, FL 33334 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BRIAN MAGUIRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 425 NE 27TH DRIVE TD WILTON MANORS, FL 33334 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DARREN J. DiAMENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2720 NE 8 AVE #2 SD WILTON MANORS, FL 33334 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 DARREN J. DiAMENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date 11/12/04 Daytime Phone # 954 566-6164 |