


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

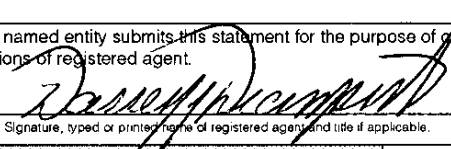
**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90073 046 \*\*\*\*61.25

<b>DOCUMENT # 744370</b>		
1. Entity Name <b>VILLA MANORS CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>2720 NE 8 AVE WILTON MANORS FL 33334</b>		Mailing Address <b>P.O. BOX 1748 FT. LAUDERDALE FL 33302</b>
2. Principal Place of Business <b>2720 NE 8 AVENUE</b> Suite, Apt. #, etc. <b>CONDO ASSN BOX</b>	3. Mailing Address <b>2720 NE 8 AVENUE</b> Suite, Apt. #, etc. <b>CONDO ASSN BOX</b>	
City & State <b>WILTON MANORS FL</b> Zip <b>33334</b>	City & State <b>WILTON MANORS FL</b> Zip <b>33334</b>	
Country <b>USA</b>	Country <b>USA</b>	



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-1997705</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>DIAMENT, DARREN J 2720 NE 8 AVE #2 WILTON MANORS FL 33334</b>		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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  DATE <b>2/2/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABRAMS, STUART 2720 NE 8TH AVE #10 WILTON MANORS FL 33334-2528 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGUIRE, BRIAN 425 NE 27TH DRIVE WILTON MANORS FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAMENT, DARREN J 2720 NE 8TH AVENUE #2 WILTON MANORS FL 33334 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Secretary** DATE **2/2/05** **934-566-6164**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #