## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#744370** 

FILED Jan 10, 2006 Secretary of State

Entity Name: VILLA MANORS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2720 NE 8TH AVE 2720 NE 8TH AVE CONDO ASSN BOX CONDO ASSN BOX

WILTON MANORS, FL 333342528 WILTON MANORS, FL 333342586

Current Mailing Address: New Mailing Address:

2720 NE 8TH AVE 2720 NE 8TH AVE CONDO ASSN BOX CONDO ASSN BOX

WILTON MANORS, FL 333342528 WILTON MANORS, FL 333342586

FEI Number: 59-1997705 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAMENT, DARREN J TENNEY, DANIELLE M 2720 NE 8 AVE #2 2720 NE 8 AVE #3

WILTON MANORS, FL 33334 US WILTON MANORS, FL 33334 US

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: DANIELLE M TENNEY 01/10/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: ABRAMS, STUART Name: TENNEY, DANIELLE M

Address: 2720 NE 8TH AVE #10 Address: 2720 NE 8TH AVE #3
City-St-Zip: WILTON MANORS, FL 333342528 City-St-Zip: WILTON MANORS, FL 333342528

City-St-Zip: WILTON MANORS, FL 333342528 City-St-Zip: WILTON MANORS, FL 33334

 Title:
 TD
 ( ) Delete
 Title:
 TD
 ( X) Change ( ) Addition

 Name:
 MAGUIRE, BRIAN
 Name:
 DISPIRITO, ANTHONY

 Address:
 425 NE 27TH DRIVE
 Address:
 425 NE 8TH AVE #1

City-St-Zip: WILTON MANORS, FL 33334 City-St-Zip: WILTON MANORS, FL 33334

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 DIAMENT, DARREN J
 Name:
 GRAHAM, KELLY A

 Address:
 2720 NE 8TH AVENUE #2
 Address:
 2720 NE 8TH AVENUE #11

 City-St-Zip:
 WILTON MANORS, FL 33334
 City-St-Zip:
 WILTON MANORS, FL 33334

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 DAWSON, BRUCE

 Address:
 Address:
 425 NE 8TH AVE #10

 City-St-Zip:
 City-St-Zip:
 WILTON MANORS, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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: TENNEY, DANIELLE M. PD 01/10/2006