2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-15-2007 90054 040 ****61.25

FILED 744370
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAR -2 AM 8:35

DOCUMENT # 744370

1. Entity Name

VILLA MANORS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2720 NE 8TH AVE CONDO ASSN BOX WILTON MANORS FL 33334-2586	2720 NE 8TH AVE CONDO ASSN BOX WILTON MANORS FL 33334-2586

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1997705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~Dawson~~ TENNEY, DANIELLE M 2720 NE 8 AVE #3 WILTON MANORS FL 33334	Name Dawson, Bruce Street Address (P.O. Box Number is Not Acceptable) 2720 NE 8 Ave #10 City Wilton Manors FL Zip Code 33334

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

Signature, typed or printed name and title of person who signs (required) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD TENNEY, DANIELLE M 2720 NE 8TH AVE #3 WILTON MANORS FL 33334	☒ Delete	PD Dawson, Bruce 2720 NE 8 Ave #10 Wiltonmanors, FL 33334	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD DISPIRITO, ANTHONY 425 NE 8TH AVE #1 WILTON MANORS FL 33334	☒ Delete	VP Bryan Cosgrove 2720 NE 8 Ave #10 17 Wiltonmanors, FL 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD GRAHAM, KELLY A 2720 NE 8TH AVENUE #11 WILTON MANORS FL 33334	☒ Delete	SD JULIE EDSTROM 2720 NE 8 Ave #16 Wilton Manors, FL 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP DAWSON, BRUCE 425 NE 8TH AVE #10 WILTON MANORS FL 33334	☒ Delete	TD MICHAEL GRAHAM 1791 SW 17 TERR, Ft. Laud., FL 33312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	D Bill Rodowsky 2720 NE 8 Ave #18 Wiltonmanors, FL 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #