2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

04242008 No Chg-NP CR2E037 (4/06)

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

DAWSON, BRUCE
2720 NE 8 AVENUE#10
WILTON MANORS, FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAWSON, BRUCE
STREET ADDRESS	2720 N.E. 8 AVENUE, #10
CITY-ST-ZIP	WILTON MANORS, FL 33334
TITLE	VP
NAME	COSGROVE, BRYAN
STREET ADDRESS	2720 NE 8TH AVENUE, #17
CITY-ST-ZIP	WILTON MANORS, FL 333342586
TITLE	SD
NAME	EDSTROM, JULIE
STREET ADDRESS	2720 NE 8TH AVE, #16
CITY-ST-ZIP	WILTON MANORS, FL 333342586
TITLE	TD
NAME	GRAHAM, MICHAEL
STREET ADDRESS	1791 S.W. 17 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	D
NAME	RODOWSKY, BILL
STREET ADDRESS	2720 NE 8TH AVE, #18
CITY-ST-ZIP	WILTON MANORS, FL 333342586
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/08-80022-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Bruce R Dawson President 954-610-3156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #