2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#744716

FILED Jan 11, 2008 Secretary of State

Entity Name: MODERN VILLAS HOMEOWNER'S ASSOCIATION INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ROW DRIVE			
INIT 4C OYAL PA	ALM BEACH, F	L 33411134		
urrent M	lailing Addres	s:	New Mailing Addres	ss:
INIT 4C	ROW DRIVE			
	ALM BEACH, F			
El Number	: 59-0686296	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
	FFANY A ROW DRIVE			
INIT 4C OYAL PA he above the State	ROW DRIVE ALM BEACH, F named entity s e of Florida. RE:	submits this statement for the		ed office or registered agent, or both
INIT 4C OYAL PA he above	ROW DRIVE ALM BEACH, F named entity s e of Florida. RE:			ed office or registered agent, or both Date
INIT 4C OYAL PA he above the State	ROW DRIVE ALM BEACH, F named entity s e of Florida. RE:	submits this statement for the	ent	
INIT 4C OYAL PA he above the State	ROW DRIVE ALM BEACH, F e named entity s e of Florida. RE: Electron S AND DIRECTOR NUNN, TIFFANY 166 SPARROW	submits this statement for the ic Signature of Registered Agrons: Delete	ent	Date
INIT 4C OYAL PA he above the State IGNATUI PFFICER tte: ame: ddress:	ROW DRIVE ALM BEACH, F e named entity s e of Florida. RE: Electron S AND DIREC P () NUNN, TIFFANY 166 SPARROW ROYAL PALM E T () HOLBROOK, JE 166 SPARROW	ic Signature of Registered Agrons: Delete DRIVE, UNIT 4C EACH, FL 33411 Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify 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: TIFFANY NUNN PRES 01/11/2008