

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745173

FILED
Apr 02, 2007
Secretary of State

Entity Name: THE VILLAS-LAKES ASSOCIATION, INC.

Current Principal Place of Business:

1590 N. HIATUS ROAD
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1590 N. HIATUS ROAD
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 59-1903157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NACHMAN, IRVIN W.
4441 STIRLING ROAD
FT. LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLS, WILLIAM A
Address: 1454 NW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: CARIDE, ISABEL
Address: 11241 NW 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP () Delete
Name: EDWARDS, CAROL
Address: 1522 NW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S () Delete
Name: WATERMAN, KEVIN
Address: 1523 NW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T () Delete
Name: MILLS, DIANNE Y
Address: 1516 NW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MILLS, WILLIAM A
Address: 1454 NW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Change () Addition
Name: CARIDE, ISABEL
Address: 11241 NW 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: P (X) Change () Addition
Name: EDWARDS, CAROL
Address: 1522 NW 113 WAY
City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EVIDIO CHAVEZ

PM

04/02/2007

Electronic Signature of Signing Officer or Director

Date