

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 14, 2012
Secretary of State

DOCUMENT# 745173

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 ()****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: S
Name: FUILLERAT, VIRGINIA
Address: 11210 NW 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: P
Name: CARIDE, ISABEL
Address: 11241 NW 14 COURT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D
Name: WURMSER, ETHEL (RUSTY) K
Address: 11371 NW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP
Name: SYATT, ALLEN
Address: 1520 NW 113 TERR.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T
Name: SCARLETT, MICHAEL
Address: 11243 NW 16 COURT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D
Name: JOVE, EYDA
Address: 11325 NW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby 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 all other like empowered.

SIGNATURE: ISABEL CARIDE

P

03/14/2012

Electronic Signature of Signing Officer or Director

Date