2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State
04-01-2004 90017 008 *****8.75
04-20-2004 90019 001 ****52.50

DOCUMENT # 745481

1. Entity Name

VERSAILLES VILLAS ASSOCIATION, INC.

24049000

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
1945 NW 4 AVE, 43 BOCA RATON FL 33432 US	1945 NW 4 AVE, 43 BOCA RATON FL 33432 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1908375 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MCCABE, BARBARA~~ JEAN-MARC GARABEDIAN
1845 NW 4 AVE E., #28
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name JEAN-MARC GARABEDIAN
Street Address (P.O. Box Number is Not Acceptable) 1745 NW 4 AVE # 3
Boca Raton, Fl
City FL Zip Code 33432

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.

X SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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	DP MCCABE, BARBARA 1845 NW 4 AVENUE # 28 BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES JEAN-MARC GARABEDIAN 1745 NW 4 AVE # 3 Boca Raton, Fl 33432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ENDARA, MICHAEL 1945 NW 4 AVENUE # 36 BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR JAMES ABBOTT 1745 NW 4 AVE # 8 Boca Raton, Fl 33432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HARPER, PHALA 1945 NW 4 AVE, 43 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DANIEL TOLCHIN 1945 NW 4 AVE, # 34 Boca Raton, Fl 33432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HARPER, PHALA 1945 NW 4 AVENUE # 43 BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT OLANO 1945 NW 4 AVE # 40 Boca Raton, Fl 33432	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BREWSTER, JOHN 1845 NW 4 AVE, 27 BOCA RATON FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Phala Harper - PHALA HARPER 3/28/04 801-395-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #