

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90105 001 ****61.25

DOCUMENT # 745481 1. Entity Name VERSAILLES VILLAS ASSOCIATION, INC.					
Principal Place of Business 1945 NW 4 AVE, 43 BOCA RATON, FL 33432 US				Mailing Address 1945 NW 4 AVE, 43 BOCA RATON, FL 33432 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 500 NE Spanish River Blvd Suite 18 Boca Raton, FL Zip 33481		03102005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1908375 Applied For Not Applicable	
Country US		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARABEOLAN, JEAN M 1745 NW 4TH AVE #3 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Willis, Ernest W. Street Address (P.O. Box Number is Not Acceptable) 500 NE Spanish River Blvd. Suite 18 City Boca Raton FL Zip Code 33481		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 P NAME GARABEDIAN, JEAN M ☒ Delete STREET ADDRESS 1745 NW 4TH AVE #3 CITY-ST-ZIP BOCA RATON, FL 33432	TITLE P/D NAME Rinchuse, Don L ☐ Change ☒ Addition STREET ADDRESS 1945 N.W. 4th Ave #43 CITY-ST-ZIP Boca Raton, FL 33432				
TITLE D NAME ABBOTT, JAMES ☒ Delete STREET ADDRESS 1745 NW 4TH AVE #8 CITY-ST-ZIP BOCA RATON, FL 33432	TITLE V/D NAME Endara, Michael ☐ Change ☒ Addition STREET ADDRESS 1945 N.W. 4th Ave #36 CITY-ST-ZIP Boca Raton, FL 33432				
TITLE DT NAME HARPER, PHALA ☒ Delete STREET ADDRESS 1945 NW 4 AVE, 43 CITY-ST-ZIP BOCA RATON, FL 33432	TITLE S/D NAME McCabe, Barbara ☐ Change ☒ Addition STREET ADDRESS 1845 N.W. 4th Ave #28 CITY-ST-ZIP Boca Raton, FL 33432				
TITLE DS NAME HARPER, PHALA ☒ Delete STREET ADDRESS 1945 NW 4 AVENUE # 43 CITY-ST-ZIP BOCA RATON, FL 33432	TITLE D NAME Quilter, Brendan ☐ Change ☒ Addition STREET ADDRESS 1845 N.W. 4th Ave #23 CITY-ST-ZIP Boca Raton, FL 33432				
TITLE VP NAME TOLCHIN, DANIEL ☒ Delete STREET ADDRESS 1945 NW 4TH AVE #34 CITY-ST-ZIP BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE D NAME OLANO, ROBERT ☐ Delete STREET ADDRESS 1945 NW 4TH AVE #40 CITY-ST-ZIP BOCA RATON, FL 33432	TITLE T/D NAME Olano, Robert ☒ Change ☐ Addition STREET ADDRESS 1945 NW 4th Ave #40 CITY-ST-ZIP Boca Raton, FL 33432				
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: _____ <i>4/12/05</i> 561-750-0040 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					