
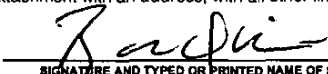


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90235 048 \*\*\*\*61.25

<b>DOCUMENT # 745481</b>					
1. Entity Name <b>VERSAILLES VILLAS ASSOCIATION, INC.</b>					
Principal Place of Business <b>500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON, FL 33431 US</b>		Mailing Address <b>500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON, FL 33431 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1908375</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCABE, HUGH		NAME	BENNETT, VALERIE	
STREET ADDRESS	1845 NW 4TH AVE #28		STREET ADDRESS	1845 NW 4 AVE #25	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, DONALD		NAME		
STREET ADDRESS	1945 NW 4TH AVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUITTER, BRENDAN		NAME	QUITTER, BRENDAN	
STREET ADDRESS	1845 NW 4TH AVE #23		STREET ADDRESS	1845 NW 4 AVE #23	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLANO, ROBERT		NAME	OLANO ROBERT	
STREET ADDRESS	1945 NW 4TH AVE #40		STREET ADDRESS	1945 NW 4 AVE #40	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, KEN		NAME		
STREET ADDRESS	1945 NW 4TH AVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GARABEDIAN, JEAN MARC	
STREET ADDRESS			STREET ADDRESS	1745 NW 4 AVE #3	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON FL 33432	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 		Date		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	