


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # 752475	
1. Entity Name THE VILLA MARIS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 4404 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487	Mailing Address 4404 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487
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DO NOT WRITE IN THIS SPACE

01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2178830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATTHEWS, CAREY E 4404-D SOUTH OCEAN BLVD. D HIGHLAND BEACH, FL 33487

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IN THIS SPACE**

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 CAREY E. MATTHEWS DATE 1-22-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCOCK, MARGARET E 4404-B SO OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, CAREY E 4404-D SO OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHEVERRIA, JUDITH 4404-A SOUTH OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECHEVERRIA, DALE 4404-A SOUTH OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALTER, VIRGINIA A 4404-D SOUTH OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80061-008 61.25

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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.

SIGNATURE: Carey E. Matthews, Trustee DATE 1-22-07 561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 276-0218
Daytime Phone #