## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **DOCUMENT # 753818**



FILED Mar 27, 2006 8:00 am Secretary of State

SAWGRA			1688671232	03-2	7-2006 90252 025 ***	*61.25	
INC.	SS VILLAGE I HOMEOWNE	RS' ASSOCIATION,			7-2000 70252 025	01.23	
Principal Plac	ce of Business	Mailing Address					
4396 ACACIA CIRCLE COCONUT CREEK FL 33066		4396 ACACIA CIRCLE COCONUT CREEK FL 33066					
2. Principal Place of Business		3. Mailing Address			811118   11118   18181   11881   1811   1818  1818  1818	AIBH BINI NINSIN NE IND	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MC	OORE CR2E037 (	10/05)	
City & State		City & State		4. FEI Number	9-2035584	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of St		8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered Ag	ent ·	
			Name				
BROUGH, CHADROW & LEVINE 1900 N COMMERCE PKWY		E, PA	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
WE:	STON FL 33326		-	•	,	- <del>'</del> -	
			City		FL	Zip Code	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its re	egistered office or re	egistered agent, or both, in	the State of Florida. I am fan	niliar with, and accept	
SIGNATURE							
	Signature, typed or printed name of registered agent	and tile if applicable (NOTE: I	Registered Agent signature i	required when reinstating)	DATE		
	EU E NOW, EEE 10 dos of						
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check f		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	Trust Fund Co	entribution.	Added to Fees	Florida Departm	nent of State	
10.	FILE NOW: FEE IS \$61.25 Due By May 1, 2006 OFFICERS AND DIF	Trust Fund Co	11.	Added to Fees	Florida Departm	CTORS IN 10	
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10. TITLE NAME	FILE NOW: FEE IS \$61.25  Due By May 1, 2006  OFFICERS AND DIF	Trust Fund Co	11. IIILE NAME	Added to Fees	Florida Departm	CTORS IN 10	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF  P BORGERT, EDWIN 4342 ACACIA CIR	Trust Fund Co	11.  IIILE  NAME  STREET ADDRESS	Added to Fees	Florida Departm ES TO OFFICERS AND DIRE	CTORS IN 10	
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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: ARLENE COLOSOMITH alen Goldsmith Breaker 3/15/66 (954)979-0019