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

if changed, or on an attachment with an address, with all other-like empowered

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # 753860** 04-03-2006 90399 007 ****61.25 1. Entity Name VILLA PISANI CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 445 SE TWENTY-FIRST AVE DEERFIELD BEACH FL 33441 445 SE 21ST AVE DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 59-2216358 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANZARO, TED CPA Villa Pisani Condo Acon. Not Acceptable) 7700 CONGRESS AVENUE, SUITE 3105 BOCA RATON FL 33487 445 SE 215+ Ave Deerfield Bet. FL 33441 8. The above named entity submits this statement for the purpose of changing its registered office or registred agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent: IGNATURE Signature, typing or process name of registered agent and little it inhohoable (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete THE Change Addition GIUSTI, STEVE NAME NAME 445 S.E. 21ST AVE., #205 *#3*02 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition DELORME, ED NAME NAME STREET ADDRESS 445 SE21ST AVE STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

Date

Davine Phone #