

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

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 753860

1. Entity Name
VILLA PISANI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**445 SE TWENTY-FIRST AVE
DEERFIELD BEACH, FL 33441**

Mailing Address
**445 SE 21ST AVE
DEERFIELD BEACH, FL 33441**



07032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2216358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELOSME, ED
445 SE 21ST AVE
#302
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE
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 _____

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 September 14, 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	VP BRIDGMAN, SUE 445 S.E. 21ST AVE #202 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELORME, ED 445 S.W. 21ST AVE. #302 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOD KEATING, JOHN 35 COTMALE CT BABYLON, NY 11702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000769843
07/20/07-80007-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/07 631-848-0643
Date Daytime Phone #