2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 756388

1. Entity Name
THE VILLA AURORA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4324 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487-4257	4324 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487-4257

DO NOT WRITE IN THIS SPACE

02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2178833

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZAMMATARO, ROSE
4324 S. OCEAN BLVD.
HIGHLAND BEACH, FL 33487

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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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	ZAMMATARO, ROSE
STREET ADDRESS	4324 S OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BCH., FL
TITLE	VD
NAME	ZAMMATARO, UMBERTO
STREET ADDRESS	4324 S OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BCH., FL
TITLE	SD
NAME	ZAMMATARO, JOSEPH
STREET ADDRESS	6195 SHADOW TREE
CITY-ST-ZIP	LANTANA, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/06-80023-005 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: Rose Zammataro 2/15/06 5613682614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #