

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90056 029 \*\*\*\*61.25

<b>DOCUMENT # 758669</b> 1. Entity Name <b>VILLAGE ON THE LAKE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2085 UNIVERSITY DR CORAL SPRINGS, FL 33071 US</b>		Mailing Address <b>2085 UNIVERSITY DR CORAL SPRINGS, FL 33071 US</b>	
2. Principal Place of Business  <b>SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065</b>		3. Mailing Address  <b>SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065</b>	
Zip <b>US</b> Country <b>US</b>		Zip <b>US</b> Country <b>US</b>	
4. FEI Number <b>59-2103704</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOUTHEAST CONOMINIUM MANAGEMENT 2085 UNIVERSITY DR CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent  <b>SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR. STE 310 CORAL SPRINGS, FL 33065</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$81.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHARF, DENISE PO BOX 970741 COCONUT CK, FL 33097</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CASTELLON, ANDRES 426 LAKESIDE DR #242 MARGATE, FL 33063</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLORES, GABRIEL 402 LAKESIDE DR. MARGATE, FL 33063</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KANE, NELLY 4837 NE 18 TERR FORT LAUDERDALE, FL 33308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD FITZGERALD, LEONARD 412 LAKESIDE DR #217 MARGATE, FL 33063</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HOFFMAN, JOHN 412 LAKESIDE DR. #121 POMPANO BEACH, FL 33063</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b>		02/03/2005 954993-7792	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	