


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90051 037 \*\*\*\*61.25

<b>DOCUMENT # 758669</b>			
1. Entity Name VILLAGE ON THE LAKE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US		Mailing Address SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  SOUTHEAST CONOMINIUM MANAGEMENT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent  Tucker & Tighe, P.A. 800 E. Broward Blvd, Suite 710 Fort Lauderdale, FL 33301	
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: <u>Thomas Tighe Pres 2/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHARF, DENISE PO BOX 970741 COCONUT CK, FL 33097 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Clark, Kathleen 426 Lakeside Dr. #144 Margate, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTELLON, ANDRES 426 LAKESIDE DR #242 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Castellon, Andres 426 Lakeside Dr #242 Margate, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, GABRIEL 402 LAKESIDE DR. MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ferreira, Jose 3212 SE 8 St. #B5 Pompano Beach, FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KANE, NELLY 4837 NE 18 TERR FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roldan, Rosalba 426 Lakeside Dr. Margate, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FITZGERALD, LEONARD 412 LAKESIDE DR #217 MARGATE, FL 33063 <input checked="" 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	<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 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: <u>Andres Castellon</u> , Pres. 02/28/07 954 993-7722 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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01032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2103704 Applied For  
Not Applicable

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