


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90022 035 ****61.25

DOCUMENT # 758669	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country


	
01052008 Chg-NP	CR2E037 (12/06)
4. FEI Number 59-2103704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
TUCKER & TIGHE, P.A. 800 E. BROWARD BLVD. SUITE 710 FORT LAUDERDALE, FL 33301	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code
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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARF, DENISE	NAME	
STREET ADDRESS	PO BOX 970741	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CK, FL 33097	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLON, ANDRES	NAME	Castellon, Andres
STREET ADDRESS	426 LAKESIDE DR #242	STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORES, GABRIEL	NAME	Clark, Kathleen
STREET ADDRESS	402 LAKESIDE DR.	STREET ADDRESS	426 Lakeside Dr. #144
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	Margate, FL 33063
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, NELLY	NAME	Ferreira, Jose
STREET ADDRESS	4837 NE 18 TERR	STREET ADDRESS	3212 SE 8 St. #B5
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP	Fort Lauderdale, FL 33062
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, LEONARD	NAME	Gilkes, Brian
STREET ADDRESS	412 LAKESIDE DR #217	STREET ADDRESS	426 Lakeside Drive #245
CITY-ST-ZIP	MARGATE, FL 33063	CITY-ST-ZIP	Margate, FL 33063
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Phlopilski, Ted
STREET ADDRESS		STREET ADDRESS	4232 SW 52 St.
CITY-ST-ZIP		CITY-ST-ZIP	Fort Lauderdale, FL 33314

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: 	01/25/2008 954993-7792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #