

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90086 012 ****61.25

DOCUMENT # 759221

1. Entity Name
VILLA MAGNA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2727 SOUTH OCEAN BLVD
HIGHLAND BEACH, FL 33487-1837**

Mailing Address
**2727 SOUTH OCEAN BLVD
HIGHLAND BEACH, FL 33487-1837**

34002140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2216485

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLEIN, RONALD J.
301 YAMATO ROAD
SUITE 4150
BOCA RATON, FL 33431**

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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME **RUSSELL, FOWLER J**
STREET ADDRESS **2727 S OCEAN BLVD #707**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE D ☐ Change ☒ Addition
NAME **Jack Stoltz**
STREET ADDRESS **2727 S. Ocean Blvd., #703**
CITY-ST-ZIP **Highland Beach, FL 33487**

TITLE TD ☐ Delete
NAME **BLOOM, SUSAN**
STREET ADDRESS **2727 S OCEAN BLVD #503**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE PTD ☒ Change ☐ Addition
NAME **Bloom, Susan**
STREET ADDRESS **2727 S. Ocean Blvd, #503**
CITY-ST-ZIP **Highland Beach, FL 33487**

TITLE VD ☐ Delete
NAME **FUTERAN-MALMUTH, PHYLLIS**
STREET ADDRESS **2727 S. OCEAN BLVD., #1006**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME **GRAFF, LAWRENCE**
STREET ADDRESS **2727 S OCEAN BLVD, #301**
CITY-ST-ZIP **HIGHLAND BCH, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **GIOVANNONE, FRANK**
STREET ADDRESS **2727 S. OCEAN BLVD., #802**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME **MINZER, IRWIN K**
STREET ADDRESS **2727 S OCEAN BLVD #506**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04
Date

561-272-1576
Daytime Phone #