## 2007 NOT-FOR-PROFIT CORPORATION

**DOCUMENT #760475** 

## **ANNUAL REPORT**

**FILED** 

Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90192 041 \*\*\*\*61.25

1. Entity Nam VERSAIL INC.	ES GARDENS CONDOMI	NIUM ASSOCATIO	ON,							
Principal Plac 8001 COLON TAMARAC, FL		Mailing Address 8001 COLONY CIRC TAMARAC, FL 3332	OLONY CIRCLE N			ąυ	UU * ~ -		-	
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03212007	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State				4. FEI Number 59-2778:	366	<del></del>	<u> </u>	oplied For
Zip	Country	Zip	Country			5. Certificate of			\$8.75 Add	ditional
	6. Name and Address of Current F	Registered Agent			`	7. Name and A	ddress of New	Registered	Agent	
CANCUT	74 IOE ESO			Name						
GANGUZZA, JOE ESQ HABER & GANGUZZA, LLP ONE SOUTHEAST 3RD AVENUE, SUITE 1820				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33131			City				FI	Zip Cod	е
	named entity submits this statement for ions of registered agent.	the purpose of changing	its register	ed office or	registere	ed agent, or both,	in the State of F			and accept
•	•									
SIGNATURE	<i>p.</i> .									
	Signature: typed or printed name of registered agent a	nd title if applicable. (	NOTE: Registere	ed Agent signate	ure required	when reinstating)		DATE		
	Filing Fee is \$61.25	9. Election	NOTE: Registere Campaign F nd Contribut	inancing		\$5.00 May Be Added to Fees		Make chec	ck payable to	
10	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Trust Fur	Campaign F	inancing		\$5.00 May Be Added to Fees	Fic	Make chec orida Depa	rtment of S	tate
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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 suppliemental 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 drustee 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 amother like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

21/2007

954-722-5688

Daytime Phone #