## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #760599**

1. Entity Name
1. AKEWOOD VII I AGE CONDOMINIUM ASSOCIATION



INC.	OOD VIELAGE CONDOMINI	UM ASSOCIATION,							
953 UNIVERSITY DR. PO		Mailing Address PO BOX 8726 CORAL SPRINGS, FL 330			40039	743			
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							IZIIIZI ZI IŽII
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152008 C	hg-NP	CR2E03	37 (12/06)	ı
City & State		City & State			4. FEI Number 59-223739	97			Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of S			\$8.75 A	dditional
6. Name and Address of Current Registered Agent					7. Name and Add	dress of New Re	gistered /		
KATZMAN & KODD			Name						
KATZMAN & KORR 1501 NORTHWEST 49TH STREET - SUITE 2 FORT LAUDERDALE, FL 33309		ITE 202	202 Street		O. Box Number is	Not Acceptable)			
			City				FL	Zip Co	de
8. The above	e named entity submits this statement for	or the purpose of changing its re	egistered office or	r registered	d agent, or both, in	n the State of Flor		familiar with	n, and accept
the obligat	tions of registered agent.		J	J	5				,
CICNIATURE	4								
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signat	ure required wi	hen reinslating)	•	DATE		
		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		ıke checi	c payable	
10.	Signature, typed or printed name of registered agent	9. Election Camp Trust Fund Co	paign Financing		5.00 May Be	Florid	ike check da Depar	tment of	State
TITLE	Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIE	9. Election Camp Trust Fund Co	paign Financing ontribution.	O A	55.00 May Be added to Fees	Florid GES TO OFFICER	ike check da Depar	RECTORS	State IN 10
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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 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:

\*\*Phil Beracka\*\* 2/29/08 954 950 - 270;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 06, 2008 8:00 am Secretary of State 03-06-2008 90045 032 \*\*\*\*61.25