2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765199

Apr 24, 2006 Secretary of State

Entity Name: VILLA D'ESTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

230 EVERGLADES AVENUE PALM BEACH, FL 33480

Current Mailing Address:

New Mailing Address:

WISTERIA MANAGEMENT SVC 107 SANTANDER DRIVE JUPITER, FL 33458

WISURI MANAGEMENT INC 752 BUTTONWOOD ROAD

NORTH PALM BEACH, FL 33408 US

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KUKLA, MICHELE P 107 SANTANDER DRIVE JUPITER, FL 33458

FEI Number: 65-0242330

WISURI, SCOTT W 752 BUTTONWOOD ROAD NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: SCOTT W WISURI

04/24/2006

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete MERRITT, LARRY MR. Name: 230 EVERGLADE AVE 102 Address: City-St-Zip: PALM BEACH, FL 33458

Title: () Delete Name: PRIWIN, CECELIA MRS Address: 230 EVERGLADE AVE 202 City-St-Zip: PALM BEACH, FL 33458

Title: () Delete WINKLEMAN, CRISTY Name: 230 EVERGLADE 201 Address: City-St-Zip: PALM BEACH, FL 33458

Title: () Delete Name: MCCANN, SARA Address: 230 EVERGLADE 201 City-St-Zip: PALM BEACH, FL 33458 (X) Change () Addition

AMMIRATI, RALPH MR. Name: Address: 230 EVERGLADE AVE 101 City-St-Zip: PALM BEACH, FL 33458

Title: (X) Change () Addition Name: AMMIRATI, JOAN MRS Address: 230 EVERGLADE AVE 101

City-St-Zip: PALM BEACH, FL 33458

Title: (X) Change () Addition ELKUS, HOWARD MR Name:

Address: 230 EVERGLADE 201 City-St-Zip: PALM BEACH, FL 33458

Title: (X) Change () Addition

Name: FIRESTONE, JOHN MR Address: 230 EVERGLADE 102 City-St-Zip: PALM BEACH, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR AMMIRATI PD 04/24/2006