


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90009 012 \*\*\*\*61.25

<b>DOCUMENT # 767485</b> 1. Entity Name <b>VILLAGER TOWNHOMES OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O CCM 10034 W MCNAB RD TAMARAC, FL 33321 US</b>			Mailing Address <b>C/O CCM 10034 W MCNAB RD TAMARAC, FL 33321 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2306338</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01222007    Chg-NP      CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>CONSOLIDATED COMMUNITY MGMT 10034 W. MCNAB RD TAMARAC, FL 33321</b>			7. Name and Address of New Registered Agent Name <b>TUCKER TIGHE PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 <del>W. Broward Blvd</del> E. Broward Blvd</b> <b>Suite - 700 Cumberland Bld.</b> City <b>FT. Lauderdale</b> FL      Zip Code <b>33301</b>		
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 <u><i>Thomas J. Tighe President</i></u> DATE <u>1/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UGUCCINI, DAN 10034 W MCNAB RD TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, STEPHANIE 10034 W MCNAB ROAD TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRYCE, SAMANTHA 10034 W MCNAB RD TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALDWIN, DOUG 10034 W MCNAB ROAD TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas.</b> <b>Baldwin, Douglas</b> <b>10034 W. McNab Road</b> <b>Tamarac, FL 33321</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAR, PATRICIA 10034 W MCNAB ROAD TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. Petruinas, Ruth</b> <b>10034 W. McNab Road</b> <b>Tamarac, FL 33321</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <u><i>Douglas Baldwin Douglas Baldwin</i></u> <u>1/29/07</u> 954-992-5852 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					