
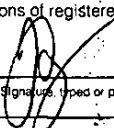
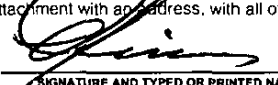


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90025 050 ****61.25

DOCUMENT # N01000001360					
1. Entity Name VILLAS AT ESTUARY PHASE III HOME OWNERS' ASSOCIATION, INC.					
Principal Place of Business 600 SANDTREE DR STE 109 PALM BEACH GARDENS, FL 33403			Mailing Address 600 SANDTREE DR STE 109 PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business - No P.O. Box # 2417 S.E. Dixie Highway		3. Mailing Address 2417 S.E. Dixie Highway			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 65-1103642	
Zip 34996		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR STE 109 PALM BEACH GARDENS, FL 33403			7. Name and Address of New Registered Agent Name: <u>Treasure Coast Property Management</u> Street Address (P.O. Box Number is Not Acceptable): <u>2417 S.E. Dixie Highway</u> City: <u>Stuart</u> FL Zip Code: <u>34996</u>		
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: 				DATE: <u>4/22/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 DP	NAME ROMANO, MICHAEL		TITLE VP	NAME Michael Romano	
STREET ADDRESS 600 SANDTREE DR H 109	CITY-ST-ZIP PALM BEACH GARDENS, FL 33403		STREET ADDRESS 2417 SE DIXIE Highway	CITY-ST-ZIP Stuart, FL 34966	
TITLE DT	NAME RIVAS, VICTOR		TITLE VP	NAME Victor Rivas	
STREET ADDRESS 600 SANDTREE DR H 109	CITY-ST-ZIP PALM BEACH GARDENS, FL 33403		STREET ADDRESS 2417 SE DIXIE Hwy	CITY-ST-ZIP Stuart, FL 34966	
TITLE DT	NAME BLANK, LAURIE		TITLE VP	NAME Paul Rones	
STREET ADDRESS 600 SANDTREE DR H 109	CITY-ST-ZIP PALM BEACH GARDENS, FL 33403		STREET ADDRESS 2417 SE Dixie Hwy	CITY-ST-ZIP Stuart, FL 34966	
TITLE DT	NAME BLANK, LAURIE		TITLE DT	NAME BLANK, LAURIE	
STREET ADDRESS 600 SANDTREE DR H 109	CITY-ST-ZIP PALM BEACH GARDENS, FL 33403		STREET ADDRESS 600 SANDTREE DR H 109	CITY-ST-ZIP PALM BEACH GARDENS, FL 33403	
TITLE DT	NAME BLANK, LAURIE		TITLE DT	NAME BLANK, LAURIE	
STREET ADDRESS 600 SANDTREE DR H 109	CITY-ST-ZIP PALM BEACH GARDENS, FL 33403		STREET ADDRESS 600 SANDTREE DR H 109	CITY-ST-ZIP PALM BEACH GARDENS, FL 33403	
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: 			DATE: <u>4/22/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		