

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007817

1. Entity Name
VILLA REGINA OF WEST PALM BEACH, INC.



Principal Place of Business
**9995 N MILITARY TR
PALM BEACH GARDENS, FL 33410**

Mailing Address
**P. O. BOX 109650
PALM BEACH GARDENS, FL 33410**



02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0212108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FITZGERALD, J. PATRICK ESQ
110 MERRICK WAY STE 3-B
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMAHON, JOHN R REV 370 SW 3 ST BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURPHY, REV RICHARD P.O. BOX 3758 VERO BEACH, FL 32964
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMEL, DENIS 9995 N MILITARY TRL PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCGINLEY, KEVIN 2240 PALM BEACH LAKES BLVD STE 103 W PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKOWSKI, TOMASZ Z 390 SEQUOIA DR S W PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILA, THOMAS 9995 N MILITARY DR PALM BEACH GARDENS, FL 33410

U000000842986
03/11/08-80052-008 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas A Bile

2/3/08

561 775 9560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #