2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 31, 2008 08:00 AN Secretary of State DOCUMENT # N03000001681 1. Entity Name VILLA VASARI AT MIRASOL CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 21045 COMMERCIAL TRAIL 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 20-1005624 Not Applicable Zip Country Zιρ Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEAACSON, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** City Zip Code 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. I applicable (NOTE: Registered Agent signature regarded when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Defete: TITLE ☐ Change ncitipbA [DEWALD, CHUCK U00000876472 04/11/08-80073-032 70.00 NAME NAME 11528 VILLA VASARI DR STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIE CITY-ST-ZIP TITLE Delete ☐ Change Addition SCHOLT, SUSAN NAME NAME STREET ADDRESS 11526 VILLA VASARI DR STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-7/F CITY-ST-ZIP TITLE Delete TITLE Change Addition POZUTEK, ZIG NAME NAME STREET ADDRESS 11530 VILLA VASARI DR STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZiP THILE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-78 12. I hereby certify that the information supplied with this firmty spes not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is to be and accorate and that my signature shall have the same legal effect as if made under path; 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.

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