2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 17, 2006 8:00 am Secretary of State DOCUMENT # N03000005396 01-17-2006 90264 032 ****61.25 VILLÁGE GREEN TOWNHOMES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business 40006040 4300 NORTH UNIVERSITY 2604 WW. 124TH AVENUE SUITE A105 CORAL SPRINGS, FL 33065 33065 2. Principal Place of Business 2604 W.W. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-NP CR2E037 (11/05) Applied For 4. FEI Number NOT APPLICABLE City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGUIAR, MANUEL Street Address (P.O. Box Number is Not Acceptable) 2604 NW 124 AVE CORAL SPRINGS, FL 33065 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 Fiorida. 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 aignature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2006 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE ☐ Change NAME AGUIAR, MANUEL STREET ADDRESS 2604 NW 124 AVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition AGUIAR, LIZET NAME NAME STREET ADORESS 2604 NW 124 AVE STREET ADORESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CTY-ST-ZIP DT TITLE Delete Change ■ Addition AGUIAR, LUZ NAME NAME STREET ADDRESS 2604 NW 124 AVE STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-7IP CITY-ST-7/2 TITLE ☐ Delete TITLE ☐ Addition ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CTY-ST-7P CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutas. 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 possible employees 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. 2006 PLES. SIGNATURE: BIGNATURE AND TYPED OR BRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED