

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90086 028 \*\*\*\*61.25

<b>DOCUMENT # N03000006440</b> 1. Entity Name <b>OLD PROGRESSO VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>715 NW 1ST AVE FORT LAUDERDALE, FL 33311 US</b>			Mailing Address <b>PO BOX 23253 FORT LAUDERDALE, FL 33307</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent  <b>WATHEY, NORMA 715 NW 1ST AVE. FORT LAUDERDALE, FL 33311</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	<b>DP</b> <input type="checkbox"/> Delete <b>BOYD, MARK</b> STREET ADDRESS <b>709 NW 1ST AVE.</b> CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33311</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> Delete <b>WATHEY, NORMA</b> STREET ADDRESS <b>715 NW 1ST AVE</b> CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33311</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE	<b>SD</b> <input type="checkbox"/> Delete <b>WATHEY, NORMA</b> <i>Norma</i> STREET ADDRESS <b>715 NW 1ST AVE.</b> CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33311</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE	<b>DT</b> <input type="checkbox"/> Delete <b>CENTAMORE, KIMBERLEE</b> STREET ADDRESS <b>350 SE 2ND ST.</b> CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33301</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE	<input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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.					
<b>SIGNATURE:</b> <i>Mark Boyd - President</i> <i>1-10-08</i> <i>954-552-4851</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					