2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2007
Secretary of State

DOCUMENT# N03000007674

Entity Name: EL SOMBRERO VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

EL SOMBRERO VILLAGE CONDO
229 ROTONDA BLVD W A-3
ROTONDA WEST, FL 33947

New Principal Place of Business:

Current Mailing Address:

EL SOMBRERO VILLAGE CONDO
229 ROTONDA BLVD W A-3
ROTONDA WEST, FL 33947

New Mailing Address:

EL SOMBRERO VILLAGE CONDO
66 JACKSON FLAT ROAD
HOPE, RI 02831

FEI Number: 06-1721129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTER, DONNA M
229 ROTONDA BLVD W A-3
ROTONDA WEST, FL 33947 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEWOLFE, DOROTHY
Address: 229 ROTONDA BLVD W A-1
City-St-Zip: ROTONDA WEST, FL 33947

Title: VP ( ) Delete
Name: DEWOLFE, JAMES
Address: 229 ROTONDA BLVD W A-1
City-St-Zip: ROTONDA WEST, FL 33947

Title: T ( ) Delete
Name: WALTER, DONNA
Address: 229 ROTONDA BLVD W A-3
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: PASQUALETTI, LEONA
Address: 66 JACKSON FLAT ROAD
City-St-Zip: HOPE, RI 02831

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONA PASQUALETTI T 03/17/2007

Electronic Signature of Signing Officer or Director — Date