2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # N03000008485** Jun 11, 2004 8:00 A.N Secretary of State VILLÁGIO CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 5779 NW 151 STREET 5779 NW 151 STREET MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 Principal Place of Business Mailing Address 4160 Colonetto Suite, Apt. #, etc. Guite, Apt. #, etc. 03262004 CR2E037 (10/03) Applied For City & State 4. FEI Number City & State jami Lakes 90-0114088 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VEGA, ALEXANDER 5779 NW 151 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES, FL 33014 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 if applicable. (NOTE: Segistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filling Fee is \$61.25 Trust Fund Contribution, Added to Fees Florida Department of State Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete Change ☐ Addition MAMULA, KENNETH G NAME NAME STREET ADDRESS 3816 W LINEBAUGH AV STE 105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33624 TD 4000370338@mf DAddition TITLE Defete TITLE 05/24/04--01024--002 **1406.25 DI SIORE, CORA G NAME STREET ADDRESS STREET ADDRESS 3300 N UNIVERSITY DR CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP az TITLE Delete TITLE 152 Change Addition Alexander NAME VEGA, ALEXANDER NAME Jean 14800 Palmetto Frontage Rd STREET ADDRESS STREET ADDRESS 5779 NW 151 STREET 330LG CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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. SIGNATURE: