

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

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03283

**1. Entity Name
VILLAS EL CENTRO CONDOMINIUM ASSOCIATION, INC.**



**Principal Place of Business
1815 SO OLIVE
W PALM BCH, FL 33401 US**

**Mailing Address
1815 SO OLIVE
W PALM BCH, FL 33401 US**



01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
NOT APPLICABLE**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**DESKIN, MAY
1815 S OLIVE AVE
WPB APT #1
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TDS
DESKIN, MARY
1815 S OLIVE AVE #1
WEST PALM BEACH, FL 33401**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HIMES, SPENCER
2838 BANYON BLVD CIRCLE NW
BOCA RATON, FL 33431**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HIMES, JORDANA
283 BANYON BLVD NW
BOCA RATON, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

1000000384276
01/17/06-80006-002 61.25

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-06 561-832-7475