2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008
Secretary of State

DOCUMENT# N04000000543

Entity Name: VILLA ESCONDIDA TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

3026 NE 5 TERRACE
WILTON MANORS, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

915 MIDDLE RIVER DRIVE
SUITE 506
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 20-2481357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARNEY, WILLIAM M ESQUIRE
915 MIDDLE RIVER DRIVE
SUITE 506
FT LAUDERDALE, FL 33304 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: PERRINE, ROBERT
Address: 3016 NE 5 TERRACE
City-St-Zip: WILTON MANORS, FL 33334 US

Title: VP ( ) Delete
Name: WILLS, ROBERT
Address: 3028 NE 5 TERRACE
City-St-Zip: WILTON MANORS, FL 33334 US

Title: T ( ) Delete
Name: CAMERON, TIMOTHY
Address: 3026 NE 5 TERRACE
City-St-Zip: WILTON MANORS, FL 33334 US

Title: S ( ) Delete
Name: RAARUP, EDWARD
Address: 3018 NE 5 TERRACE
City-St-Zip: WILTON MANORS, FL 33334 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD RAARUP S 04/02/2008

Electronic Signature of Signing Officer or Director — Date