

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005556

FILED
Feb 26, 2009
Secretary of State

Entity Name: VILLA BIARRITZ CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4400 WEST SAMPLE ROAD SUITE 200
COCONUT CREEK, FL 330733450

New Principal Place of Business:

4400 WEST SAMPLE ROAD SUITE 200
COCONUT CREEK, FL 33073

Current Mailing Address:

4400 WEST SAMPLE ROAD SUITE 200
COCONUT CREEK, FL 330733450

New Mailing Address:

4400 WEST SAMPLE ROAD SUITE 200
COCONUT CREEK, FL 33073

FEI Number: 20-2730929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSIN, HARRY L
4400 WEST SAMPLE ROAD SUITE 200
COCONUT CREEK, FL 330733450 US

Name and Address of New Registered Agent:

BEER, TR
4400 WEST SAMPLE ROAD SUITE 200
COCONUT CREEK, FL 33073 US

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: TR BEER

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEER, TR
Address: 4400 WEST SAMPLE ROAD SUITE 200
City-St-Zip: COCONUT CREEK, FL 330733450

Title: STD () Delete
Name: RODGERS, FRANK
Address: 4400 W. SAMPLE RD., SUITE 200
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV () Delete
Name: LONG, THOMAS
Address: 4400 W. SAMPLE RD., SUITE 200
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOUGLAS, MARK
Address: 2900 NW 125 AVE # 422
City-St-Zip: SUNRISE, FL 33323

Title: DST (X) Change () Addition
Name: AMEERALLY, AADIL
Address: 2900 NW 125 AVE # 106
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Change () Addition
Name: BEER, TR
Address: 4400 W. SAMPLE RD., SUITE 200
City-St-Zip: COCONUT CREEK, FL 33073

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: THOMAS C LONG

M

02/26/2009

Electronic Signature of Signing Officer or Director

Date