

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 14, 2008  
Secretary of State**

DOCUMENT# N04000009402

Entity Name: VILLA FRANCINE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

701 W CYPRESS CREEK RD STE 301  
FT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

701 W CYPRESS CREEK RD STE 301  
FT LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KODSI, ISAAC ESQ.  
701 W CYPRESS CREEK RD STE 303  
FT LAUDERDALE, FL 33309 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: DV ( ) Delete  
Name: KODSI, JOSEPH  
Address: 1499 W PALMETTO PK RD STE 200  
City-St-Zip: BACON RATON, FL 33486  
  
Title: DP ( ) Delete  
Name: KODSI, ISSAC  
Address: 701 W CYPRESS CREEK RD STE 301  
City-St-Zip: FT LAUDERDALE, FL 33309  
  
Title: DST ( ) Delete  
Name: BRADY, PATRICIA  
Address: 701 W CYPRESS CREEK RD STE 301  
City-St-Zip: FT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: DST (X) Change ( ) Addition  
Name: CONSOVOY, BARRY  
Address: 1200 CLINT MOORE ROAD # 8  
City-St-Zip: BOCA RATON, FL 33487

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: ISAAC KODSI

DP

03/14/2008

Electronic Signature of Signing Officer or Director

Date