2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2008 8:00 am Secretary of State

| | | | | | | | , DC | li tia | TY UI SI | IIC |
|---|--|--|---|------------------------|--|--|----------------------------------|------------------|----------------------------|---|
| DOCUMENT # N0500005065 1. Entity Name SANTA MARGARITA TOWN HOME CONDO., INC. | | | | | | | | | 90034 036 ****61 | |
| Principal Place of Business 8360 W. OAKLAND PARK BLVD #301 SUNRISE, FL 33351 Mailing Address P.O. BOX 452199 SUNRISE, FL 33345 | | | | | | | 11000110148110011011 | | | 111 1 1 1 1 (11 1 |
| | Principal Place of Business - No P.O. Box # 3. N | | | Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Sui | Suite, Apt. #, etc. | | | 02112008 Chg-NP CR2E037 (12/06) | | | | |
| City & State | | | City & State | | | | 4. FEI Number NOT APPLI | CABLE | | oplied For |
| İ | Zip Country | | Zip | Zip Country | | | 5. Certificate of Status Desired | | | |
| ŀ | | 6. Name and Address of Current | Registere | d Agent | 1 | | 7. Name and Add | ress of New F | legistered Agent | |
| | | | | | Name | | | | | |
| SIMON, JUAN 13224 W BROWARD BLVD PLANTATION, FL 33325 | | | Street Address | | (P.O. Box Number is Not Acceptable) | | | | | |
| ١ | LONGIA | 011,112 33323 | | | | | | | | |
| | | | | | City | | FL Zip Code | | | |
| İ | 8. The above | named entity submits this statement for | or the purpo | ose of changing its re | egistered office o | r register | red agent, or both, in | the State of Flo | orida. I am familiar with, | and accept |
| ١ | the obligat | ions of registered agent. | | | | | | | | |
| ĺ | | | | | | | | | | |
| ŀ | SIGNATURE . | Signature, typed or printed name of registered agen | and title if appl | icable. (NOTE: | Registered Agent signa | ture required | when reinstating) | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | 9. Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State | | | | |
| İ | 10. | OFFICERS AND DI | RECTORS | | 11. | | ADDITIONS/CHANGE | S TO OFFICE | RS AND DIRECTORS IN | I 10 |
| ŀ | TITLE | Р | | ☐ Delete | TITLE | · | | | ☐ Change | Addition |
| l | NAME | SIMON, JUAN | | | NAME | | | | — • | — |
| l | STREET ADDRESS | 13224 W BROWARD BLVD | | | STREET ADDRESS | | | | | |
| Į | CITY-ST-ZIP | PLANTATION, FL 33325 | | | CITY-ST-ZIP | | | | | |
| ĺ | TITLE | D | | Delete | TITLE | | | | ☐ Change | ☐ Addition |
| l | NAME | NORTH, JENNIFER | | | NAME | | | | | |
| ı | STREET ADDRESS CITY-ST-ZIP | 10175 NW 33 ST 1-A CORAL SPRING, FL 33065 | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| ļ | | DT | | | | | | | П о | |
| | TITLE NAME | ו טו | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| | 10 Otto | CARTAGENA BLANCA TULIA | | | NAME | İ | | | | |
| | STREET ADDRESS | CARTAGENA, BLANCA TULIA 10169 NW 33 ST 4-A | | | name Street address | | | | الم المالة | : |
| | STREET ADDRESS CITY-ST-ZIP | • | | | NAME STREET ADDRESS CITY-ST-ZIP | | | | _ O.m.,go | |
| | | 10169 NW 33 ST 4-A | | ☐ Delete | STREET ADDRESS | | | | ☐ Change | ☐ Addition |
| | CITY-ST-ZiP | 10169 NW 33 ST 4-A -CORAL SPRING, FL 33065 | | ☐ Delete | STREET ADDRESS CITY-ST-ZIP | | | | | ☐ Addition |
| | CITY-ST-ZIP TITLE NAME STREET ADDRESS | 10169 NW 33 ST 4-A -CORAL SPRING, FL 33065 DVP FLORES, JOANNE 10155 NW 33 ST 5-B | | ☐ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | | ☐ Addition |
| | CITY-ST-ZIP TITLE NAME | 10169 NW 33 ST 4-A -CORAL SPRING, FL 33065 DVP FLORES, JOANNE | | ☐ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | | | ☐ Addition |
| | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 10169 NW 33 ST 4-A -CORAL SPRING, FL 33065 DVP FLORES, JOANNE 10155 NW 33 ST 5-B CORAL SPRING, FL 33065 DS | | ☐ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | Addition |
| | CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 10169 NW 33 ST 4-A -CORAL SPRING, FL 33065 DVP FLORES, JOANNE 10155 NW 33 ST 5-B CORAL SPRING, FL 33065 DS GAMBOA, JOSE | | | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | _ |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 fustee 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 a timer like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CORAL SPRING, FL 33065

5-15-08

954 572-5900

☐ Change

☐ Addition

Date