
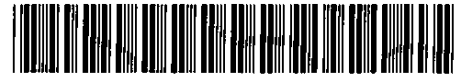


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000007206</b> 1. Entity Name <b>VILLA VERDE HOMEOWNERS ASSOCIATION CORPORATION</b>		
Principal Place of Business <b>5001 NW 9TH TERRACE POMPANO BCH FL 33064</b>		Mailing Address <b>5001 NW 9TH TERRACE POMPANO BCH FL 33064</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip



1st MOORE      CR2E037 (10/06)

4. FEI Number <b>20-4073799</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>TANGORA, KAREN 4985 NW 9TH WAY POMPANO BCH FL 33064</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>  <b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>P</b> <b>LOAIZA, CHRISTINE</b> <b>4990 NW 9TH WAY</b> <b>POMPANO BCH FL 33064</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000703814</b> <b>04/20/07-80155-010 61.25</b>
TITLE	<b>V</b> <b>ROOT, SHERYL</b> <b>902 NW 50TH COURT</b> <b>POMPANO BCH FL 33064</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>S</b> <b>KNOX, LYNN</b> <b>907 NW 50TH ST</b> <b>POMPANO BCH FL 33064</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>T</b> <b>TANGORA, KAREN M</b> <b>4985 NW 9TH WAY</b> <b>POMPANO BCH FL 33064</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <b>JACKSON, PEGGY</b> <b>903 NW 50TH CT</b> <b>POMPANO BCH FL 33064</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Karen DeLoange      Date: April 10, 2007      954-427-2848