

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007206

FILED
Apr 16, 2009
Secretary of State

Entity Name: VILLA VERDE HOMEOWNERS ASSOCIATION CORPORATION

Current Principal Place of Business:

5001 NW 9TH TERRACE
POMPANO BCH, FL 33064

New Principal Place of Business:

Current Mailing Address:

5001 NW 9TH TERRACE
POMPANO BCH, FL 33064

New Mailing Address:

FEI Number: 20-4073799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TANGORA, KAREN
4985 NW 9TH WAY
POMPANO BCH, FL 33064 US

Name and Address of New Registered Agent:

TANGORA, KAREN M TREASUR
4985 NW 9TH WAY
POMPANO BCH, FL 33064 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: KAREN M. TANGORA

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOAIZA, CHRISTINE
Address: 4990 NW 9TH WAY
City-St-Zip: POMPANO BCH, FL 33064

Title: D () Delete
Name: ROOT, SHERYL
Address: 902 NW 50TH COURT
City-St-Zip: POMPANO BCH, FL 33064

Title: D () Delete
Name: KEARNS, KATHLEEN
Address: 907 NW 50TH ST
City-St-Zip: POMPANO BCH, FL 33064

Title: T (X) Delete
Name: TANGORA, KAREN M
Address: 4985 NW 9TH WAY
City-St-Zip: POMPANO BCH, FL 33064

Title: VP (X) Delete
Name: JACKSON, PEGGY
Address: 903 NW 50TH CT
City-St-Zip: POMPANO BCH, FL 33064

Title: P (X) Delete
Name: COHEN, LESLIE
Address: 906 NW 51 STREET
City-St-Zip: POMPANO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LOAIZA, CHRISTINE
Address: 4990 NW 9TH WAY
City-St-Zip: POMPANO BCH, FL 33064

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

Title: P (X) Change () Addition
Name: ABOUKHOZAM, JOSEPH
Address: 4991 NW 9 WAY
City-St-Zip: POMPANO BCH, FL 33064

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: KAREN M. TANGORA

O/D

04/16/2009

Electronic Signature of Signing Officer or Director

Date