2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/1/

FILED
Jun 16, 2006 8:00 am
Secretary of State
05-01-2006 90481 039 ****61.25

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DOCUMENT # N05000007420

1. Entity Name
MEMORIAL VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1920 E HALLANDALE BCH BLVD STE 705 HALLANDALE BCH, FL 33009	1920 E HALLANDALE BCH BLVD STE 705 HALLANDALE BCH, FL 33009

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-4363683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPCO, INC.
100 NE THIRD AVE STE 280
FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name PHOENIX MANAGEMENT SERVICE

Street Address (P.O. Box Number is Not Acceptable)
4780 N. STATE RD 7, STE 250

City LAUDERDALE LAKES FL Zip Code 33319

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 SHELDON GOLDBERG PROPERTY MGR 4/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD GROSS, JARRET L 1920 E HALLANDALE BCH BLVD STE 705 HALLANDALE BCH, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD GROSS, ROSSANNE 1920 E HALLANDALE BCH BLVD STE 705 HALLANDALE BCH, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OD BLUMIN, MICHAEL 1920 E HALLANDALE BCH BLVD STE 705 HALLANDALE BCH, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/27/06 954 452 2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #