


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90051 031 ****61.25

| | | | | | |
|--|-------------------------------|--|---|---|--|
| DOCUMENT # N05000007420 1. Entity Name MEMORIAL VILLAS CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1920 E HALLANDALE BCH BLVD STE 705 HALLANDALE BCH, FL 33009 | | | Mailing Address 1920 E HALLANDALE BCH BLVD STE 705 HALLANDALE BCH, FL 33009 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address Phoenix Management Suite, Apt. #, etc. 4800 N. State Rd 7 Ste #105 | | | |
| Suite, Apt. #, etc. | | City & State LAUDERDALE LAKES FL | | | |
| City & State | | Zip 33319 | | Country U.S. | |
| Zip | | Country | | 4. FEI Number 20-4363683 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PHEONIX MANAGEMENT SERVICE 4780 NORTH STATE RD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 <u><i>No change in registered agent</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | | |
| | OD | GROSS, JARRET L | 1920 E HALLANDALE BCH BLVD STE 705 HALLANDALE BCH, FL 33009 | <input checked="" type="checkbox"/> Delete | |
| | OD | GROSS, ROSSANNE | 1920 E HALLANDALE BCH BLVD STE 705 HALLANDALE BCH, FL 33009 | <input checked="" type="checkbox"/> Delete | |
| | OD | BLUMIN, MICHAEL | 1920 E HALLANDALE BCH BLVD STE 705 HALLANDALE BCH, FL 33009 | <input checked="" type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| | | | | <input type="checkbox"/> Delete | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | | |
| | <i>Belizaire, Berlande</i> | <i>13940 NE 2nd Ave</i> | <i>North Miami, FL 33161</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | <i>S/T/D Pierre, Guilaine</i> | <i>13952 NE 2nd Ave</i> | <i>North Miami, FL 33161</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | | | | <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 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: <u><i>[Signature]</i></u> | | | | Date <u><i>4/12/07</i></u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Daytime Phone # <u><i>954 640-7070</i></u> | |

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04112007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4363683

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *No change in registered agent* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #