## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all either like empowered.

SIGNATURE;

## Mar 12, 2004 08:00 AM DOCUMENT # N05644 **Secretary of State** 1. Entity Name VILLAS DEL SOL TOWNHOUSES, INC. Principal Place of Business Mailing Address 5000 N A-1-A #107 VERO BEACH FL 32963 5000 N A-1-A #107 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2477024 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENWOOD, IAN Street Address (P.O. Box Number is Not Acceptable) 5000 N A-1-A #107 VERO BEACH FL 32963 Zip Code City 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 Signature, typed or printed name of registored agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Change Addition TITLE TITLE SMITH LOU ELLEN NAME NAME V00000086630 959 E CAUSEWAY BLVD STREET ADDRESS STREET ADDRESS 03/12/04-80030-022 61.25 VERO BEACH FL 32963 CATY-ST-ZIP CITY-ST-ZIP Change ☐ Belete THEE Addition HHE TOEDMAN, JOHN NAME NAME 11 BIRCH DRIVE STREET ADDRESS STREET ADDRESS BASKING RIDGE NJ 07920 City-St-ZiP CITY-ST-ZIP D Defete TITLE ☐ Change Addition TITLE SMITH, DOYLE NAME 959 E CAUSEWAY BLVD STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete BULF ITTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Oetete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-71P ☐ Change ☐ Delete TITLE ☐ Addition TESLE NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP ETTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(3)(i)). 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

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