

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002048

FILED
Feb 20, 2008
Secretary of State

Entity Name: VILLA VALENTINA TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4485 STIRLING ROAD
SUITE 207
DANIA BEACH, FL 33314

New Principal Place of Business:

6530 GRIFFIN ROAD
SUITE 104
DAVIE, FL 33317

Current Mailing Address:

4485 STIRLING ROAD
SUITE 207
DANIA BEACH, FL 33314

New Mailing Address:

6530 GRIFFIN ROAD
SUITE 104
DAVIE, FL 33317

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

Name and Address of Current Registered Agent:

TDSUNSHINE PROPERTY MANAGEMENT LLC
4485 STIRLING ROAD
SUITE 207
DANIA BEACH, FL 33314 US

Name and Address of New Registered Agent:

FOUNDATION PROPERTY SERVICES
6530 GRIFFIN ROAD
SUITE 104
DAVIE, FL 33317 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: JANE BOLIN

02/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BECKER, JON
Address: 1119 NE 14TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T () Delete
Name: ENT, PETER
Address: 1107 NE 14TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: DS () Delete
Name: NESS, GREGORY
Address: 1121 NE 14TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JANE BOLIN FOR FPS

DIR

02/20/2008

Electronic Signature of Signing Officer or Director

Date