2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

DOCUMENT # N0600003916 1. Entity Name VILLA VERDE CONDOMINIUM ASSOCIATION, INC.								05-01-2007 9	90042 00	9 ****61.	.25
Principal Place of Business Mailing Address 6500 N ATLANTIC AVE STE C CAPE CANAVARAL, FL 32920 CAPE CANAVARAL, FL 329						•		BII BIII BIII BIII B			
Principal Place of Business - No P.O. Box # 3. Ma				Address	•						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04302007	Chg-NP	CR2E0	37 (12/06)	
City & State			City & State				4. FEI Number			A	oplied For
Zip	Zip Country		Zip Co		Cou	ıntry		NOT APPLICABLE Not Applica 5. Certificate of Status Desired \$8.75 Additional			ditional
	6 Nama an	ad Addrage of Current	Pagistared A		<u> </u>	1				Fee Require	ed
	o. Name an	nd Address of Current	Kegistered A	gent		Name	7. Name and A	ddress of New I	registerea .	Agent	
PICKLES, TIMOTHY F ESQ 3490 NORTH US HWY 1						Street Address (P.O. Box Number is Not Acceptable)					
COCOA, F		f I				Sileet Addre	555 (F.O. DOX NUMBER	IS NOT ACCEPTED			
						City				Zip Cod	
						<u>'</u>			FL	<u>· ` </u>	
	e named entity si itions of registers	ubmits this statement for ed agent.	or the purpose	or changing its	s registere	ed office or reg	pstered agent, or both	, in the State of Fi	iorida. Tam	tamiliar with,	and accept
SIGNATURE											
	Signature, typed or p	orinted name of registered agent	t and title it applicable	e. (NO1	TE: Registere	d Agent signature red	quired when reinstating)		DATE		
	Filing Fee i	is \$61.25		9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May Be Added to Fees		Make chec	k payable t	
10.	Filing Fee Due by Ma	is \$61.25		9. Election Ca	mpaign F	inancing	\$5.00 May Be	Flo	Make chec rida Depai	tment of S	tate
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12. I have duy certify that the information supplied with this filling 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 report progresses and supplemental report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attach lent with an address, with all other like empowered.

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/29/07 (32)799-0790