

FILED  
 08 MAY 23 AM 11:19  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N06000003916  
 1. Entity Name  
 VILLA VERDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 6500 N ATLANTIC AVE STE C  
 CAPE CANAVARAL, FL 32920

Mailing Address  
 6500 N ATLANTIC AVE STE C  
 CAPE CANAVARAL, FL 32920

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PICKLES, TIMOTHY F ESQ  
 3490 NORTH US HWY 1  
 COCOA, FL 32926

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25  
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREENE, MARTIN 6500 N ATLANTIC AVE STE C CAPE CANAVARAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREENE, JANICE 6500 N ATLANTIC AVE STE C CAPE CANAVARAL, FL 32920
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*07/5/27*

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**DO NOT WRITE IN THIS SPACE**

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 officers empowered.

SIGNATURE: [Signature] 4/24/08 (321) 799-0799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #