


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90003 020 \*\*\*\*61.25

<b>DOCUMENT # N06000005383</b>	
1. Entity Name <b>CRCC VILLAS HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>1520 SW 23RD ST FT LAUDERDALE FL 33315</b>	Mailing Address <b>1520 SW 23RD ST FT LAUDERDALE FL 33315</b>
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2. Principal Place of Business - No P.O. Box # <b>Donna M Cognato</b> Suite, Apt. #, etc. <b>3909 NE 21st Ave Unit 3</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33308</b> Country <b>USA</b>	3. Mailing Address <b>Donna M Cognato</b> Suite, Apt. #, etc. <b>3909 NE 21st Ave Unit 3</b> City & State <b>Fort Lauderdale FL</b> Zip <b>33308</b> Country <b>USA</b>
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2nd MOORE CR2E037 (4/08)

4. FEI Number <b>34-2065488</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ROBBIE, RICHARD J 1520 SW 23RD ST FT LAUDERDALE FL 33315</b>	
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7. Name and Address of New Registered Agent Name <b>Donna M Cognato</b> Street Address (P.O. Box Number is Not Acceptable) <b>3909 NE 21st Ave</b> <b>Unit 3</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33308</b>	
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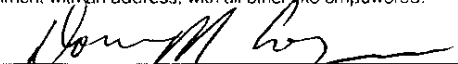
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>5-24-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW: FEE IS \$61.25 Due By September 3, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES ROBBIE, RICHARD J 1520 SW 23 ST FORT LAUDERDALE FL 33315</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Donna M Cognato 3909 NE 21st Ave Unit 3 Fort Lauderdale FL 33308</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:**  **5-24-08 954-552-3238**