2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2008 8:00 am Secretary of State DOCUMENT # N06000010558 03-10-2008 90053 011 ****61.25 1. Entity Name VILLÁS OF WEST MELBOURNE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 6905 N. WICKHAM ROAD 1978 ROCKLEDGE BLVD. **SUITE 501 SUITE 106** MELBOURNE, FL 32940 ROCKLEDGE, FL 32955 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 02152008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number Applied For 20-0005301 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name SCPM BARIC JOHN ESO. Street Address (1.5. Sol Number is Not Accepte 6905 N. WICKHAM RD. Melbourne, FL 32940 SUITE 501 MELBOURNE, FL 32940 Zip Code 8. The above named entity submits this statement for the Aurpose 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 (NOTE: Augustered Agent signature required Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change Addition FOLEY, TODD NAME STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 201 STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DARVIN, HOWARD NAME NAME STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 201 STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-ZIP DST TITLE Delete ☐ Change ☐ Addition O'TOOLE, HAZEL NAME NAME STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 401 STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

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SIGNATURE AND TYPED OR PRINTED NAME O SIGNING OFFICER OR DIRECTOR

321-508-1875

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