2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90158 008 ****61.25

DOCUMENT # N06000012541

1. Entity Name
VILLA JARDINE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PRESIDIO REALTY, INC. 2909 WEST BAY TO BAY BLVD, SUITE 202 TAMPA, FL 33629	C/O PRESIDIO REALTY, INC. 2909 WEST BAY TO BAY BLVD, SUITE 202 TAMPA, FL 33629

04242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
239 OAKTREE CIRCLE	239 OAKTREE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTONA BEACH FL	City & State: DAYTONA BEACH FL
Zip: 32114 Country: USA	Zip: 32114 Country: USA

4. FEI Number: 90-0314982 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUBRAT, LEONARD 100 WEST CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309	Name: LINCOLN CONDOMINIUM GROUP, SE LP Street Address (P.O. Box Number is Not Acceptable): 100 COLONIAL CENTER PARKWAY STE 170 City: LAKE MARY FL Zip Code: 32746

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.

X SIGNATURE: [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KAHN, IRVING 2725 SOMERSET DRIVE LAUDERDALE LAKES, FL 33311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COURT APPOINTED RECEIVER DIANE MADDOX 100 COLONIAL CENTER PARKWAY STE 170 LAKE MARY FL 32746	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCPT SLOMOVITS, ELI 2725 SOMERSET DRIVE LAUDERDALE LAKES, FL 33311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REGIONAL PROP. MGR. STEPHANIE LANIER 100 COLONIAL CENTER PARKWAY STE 170 LAKE MARY FL 32746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NOWOSTARSKI, MIKE 950 MONTGOMERY RD ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BUSINESS MANAGER LORI MITCHELL 239 OAK TREE CIRCLE DAYTONA BEACH FL 32114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

X **SIGNATURE:** [signature] 4-28-08 678-335-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #