2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 13, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # N06057 EW VILLAGE HOMEOWNER	R'S ASSOCIATI	ION,			5-13-2007 90	0003 042 *	****61.2	25
Principal Place % B. RAMSE 8347 FAIRW/ SUNRISE, FL	Y Ay Rd.	Mailing Address % B. RAMSEY 8347 FAIRWAY R SUNRISE, FL 33.			40150				
7071 6	Place of Business - No P.O. Box #		Germone	rcial Blud					
Suite Apt.	#, etc. - ZB	Swite Apt. #, et			01312007 ₍	Chg-NP	CR2E037	(12/06)	
City & State		City & State	ic. Fe		4. FEI Number 59-27858	11		_ 	plied For t Applicable
Zip -3-2	Country	333319	Country	ŚΑ	5. Certificate of	Status Desired		3.75 Add	itional
	6. Name and Address of Current F	Registered Agent) F'	7. Name and Ad	dress of New R			
C/O SUNRISE MANAGEMENT, SERVICES 7071 W COMMERCIAL BLVD. STE 2B TAMARAC, FL 33071				treet Address (F	P.O. Box Number is			d.	- 4
				lar	marac		FL	33	319
	 named entity submits this statement for tions of registered agent. 	the purpose of chang	ging its registered o	mice or register	ed agent, or both, i	n the State of Flo	rida. Tam tan	nihar with,	and accept
0104147117									
SIGNATURE .	Signature, typed or printed name of registered agent a	and tale if applicable.	(NOTE: Registered Age	nt sgnature required	when reinstating)	**** **** *** *** ***	DATE		
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Electi	(NOTE: Registered Age on Campaign Finan Fund Contribution.		when renstating) \$5.00 May Be Added to Fees		DATE ake check p ida Departm	-	
SIGNATURE .	Filing Fee is \$61.25	9. Electi Trust	on Campaign Finan	ncing	\$5.00 May Be	Flori	ake check p ida Departm	ent of St	ate
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12. I hereby 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 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: 1, 14.17

SHORMATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ORDINATE OF DAYLORS FROM PROPERTY.