

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

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N08561

1. Entity Name
**VILLA SONRISA THREE CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**6352 SHADOW CREEK VILLAGE CR
LAKE WORTH, FL 33463 US**

Mailing Address
**P.O. BOX 541058
LAKE WORTH, FL 33454**



02272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2538890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORMAN, KENNETH E
6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARKS, LESLIE
STREET ADDRESS 6584 VILLA SONRISA DRIVE #1110
CITY - ST - ZIP BOCA RATON, FL 33433

TITLE TD
NAME LEAVITT, ALAN
STREET ADDRESS 2255 W. HILLSBORO BLVD
CITY - ST - ZIP DEERFIELD BCH, FL 33442

TITLE SD
NAME MARGOLIN, LEONARD
STREET ADDRESS 6606 VILLA SONRISA DRIVE # 924
CITY - ST - ZIP BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 like empowered.

SIGNATURE:

Leslie Marks

4/1/08

561-963-5719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone