2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N09116

Entity Name: ASCOT VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1000 EAGLE TRACE BLVD W
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

1000 EAGLE TRACE BLVD W
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 59-2676399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINGERG, STEVEN A ESQ
7805 SW 6 CT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BUDDE, LARRY
Address: 1804 MONTE CARLO WAY
City-St-Zip: POMPANO BEACH, FL 33071

Title: VP ( ) Delete
Name: QUINN, RICK
Address: 1829 MONTE CARLO WAY
City-St-Zip: POMPANO BEACH, FL 33071

Title: D ( ) Delete
Name: SCIALA, MIKE
Address: 1801 MONTE CARLO WAY
City-St-Zip: POMPANO BEACH, FL 33071

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: LOBERT, AL
Address: 1804 MONTE CARLO WAY
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY BUDDE MR. 01/13/2009

Electronic Signature of Signing Officer or Director — Date