2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21147

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: FOUNDATION PROPERTY SERVICES P.O. BOX 970546 6530 GRIFFIN ROAD, SUITE 104 COCONUT CREEK, FL 33097 US DAVIE, FL 33314 **Current Mailing Address:** New Mailing Address: FOUNDATION PROPERTY SERVICES P.O. BOX 970546 COCONUT CREEK, FL 33097 US 6530 GRIFFIN ROAD, SUITE 104 DAVIE, FL 33314 FEI Number: 65-0037417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIONNE, SUZAN FOUNDATION PROPERTY SERVICES 3821 NW 71 ST 6530 GRIFFIN ROAD COCONUT CREEK, FL 33073 US 104 DAVIE, FL 33314 US 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: JANE BOLIN 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PARISH, ADRIANE ROLFF, AREND Name: Name: PO BOX 970546 Address: PO BOX 970546 Address: City-St-Zip: COCONUT BEACH, FL 33097 City-St-Zip: COCONUT CREEK, FL 33097 Title: Title: (X) Change () Addition () Delete TADDONIO, PAUL Name: TADDONIO, PAUL Name: Address: PO BOX 970546 Address: PO BOX 970546 City-St-Zip: COCONUT BEACH, FL 33097 City-St-Zip: COCONUT CREEK, FL 33097 Title: () Delete Title: (X) Change () Addition LINNEAL, MYRAA LINNEAL, MYRA Name: Name: PO BOX 970546 Address: PO BOX 970546 Address: City-St-Zip: POMPANO BEACH, FL 33097 City-St-Zip: COCONUT CREEK, FL 33097 Title: () Delete Title: (X) Change () Addition Name: DIONNE, SUZAN Name: DIONNE, SUZAN PO BOX 970546 Address: PO BOX 970546 Address: City-St-Zip: COCONUT BEACH, FL 33097 City-St-Zip: COCONUT CREEK, FL 33097 Title: () Delete Title: () Change (X) Addition SMITH, BOB Name: Name: PO BOX 970546 Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

COCONUT CREEK, FL 33097

COCONUT CREEK, FL 33097

DESILIVIO, NIKI

PO BOX 970546

() Change (X) Addition

SIGNATURE: JANE BOLIN MNG 04/30/2008

() Delete