2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26439

FILED Mar 23, 2008 Secretary of State

Entity Name: VILLA POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

DAVENPORT PROFESSIONAL PROP MGMT INC.

6620 LAKE WORTH ROAD, STE E

LAKE WORTH, FL 33467

Current Mailing Address:

6620 LAKE WORTH ROAD

LAKE WORTH, FL 33467

New Mailing Address:

6620 LAKE WORTH ROAD

LAKE WORTH, FL 33467

STE F

LAKE WORTH, FL 33467 US

New Principal Place of Business:

6620 LAKE WORTH ROAD, STE F

FEI Number: 65-0120256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

US

Name and Address of New Registered Agent:

DAVENPORT PROFESSIONAL PROP MGMT INC.

DICKER, KRIVOK & STOLOFF PA 1818 AUSTRALIAN AVE SOUTH #400 WEST PALM BEACH, FL 33401 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:

STE E

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete PATTERSON, BRENDA PATTERSON, BRENDA Name: Name: 1921 MONKS COURT Address: 6620 LAKE WORTH RD. STE F Address:

City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: LAKE WORTH, FL 33467

Title: Title: (X) Change () Addition () Delete ELSBERRY, JAMES Name: ELSBERRY, JAMES Name: Address: 1985 MONKS COURT Address: 6620 LAKE WORTH RD STE F

City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: LAKE WORTH, FL 33467 Title: () Delete Title: PD (X) Change () Addition OLES, CATHY ANN OLES, CATHY ANN Name: Name:

6620 LAKE WORTH RD STE F Address: 1951 MONKS CT Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete Title: (X) Change () Addition Name: GOODMAN, DONNA Name: SWEENEY, DAN

1939 MONKS CT 6620 LAKE WORTH RD. STE F Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: LAKE WORTH, FL 33467

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: CATHY OLES Ρ 03/23/2008