
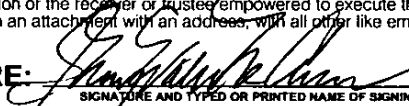


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90028 001 \*\*\*\*61.25

<b>DOCUMENT # N40535</b> 1. Entity Name <b>VILLA DEL LAGO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1617 N FLAGLER DR WEST PALM BEACH, FL 33407 US</b>			Mailing Address <b>1617 N FLAGLER DR WEST PALM BEACH, FL 33407 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0230897</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SALATA, KATHLEEN TOUCHO LOU WEBB MGMT 225 SOUTHERN BL #202 WEST PALM BEACH, FL 33405</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANN, JONATHAN 1617 N FLAGLER DR #3B WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jonathan Mann #3B 1617 N. Flagler Dr West Palm Bch FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, SHERRY 1617 N FLAGLER DR #6A WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President McCann, Sherry 1617 N. Flagler Dr #6A West Palm Bch FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAPPAS, MARY ALICE 1617 N FLAGLER DR #4A WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dr. Donald Warren 1617 N. Flagler Dr 8B West Palm Bch FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUTKA, BRUCE 1617 FLAGLER DR #2A WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COCHARANE, DOUGINS 1617 N FLAGLER DR #9B WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPAS, MARY ALICE 1617 N. FLAGLER DRIVE # 4A WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<div style="display: flex; justify-content: space-between;"> <span>3/12/08</span> <span>561/835-8889</span> </div>					