


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90007 029 ****61.25

DOCUMENT # N49962 1. Entity Name VILLA OCTAGON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1900 N. ATLANTIC BLVD. #2 FT. LAUDERDALE, FL 33305 US			Mailing Address 1900 N. OCEAN BLVD. #1 FT. LAUDERDALE, FL 33305 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0417238	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALTUGLU, SUSANA 1900 N. OCEAN BLVD #1 FT. LAUDERDALE, FL 33305				7. Name and Address of New Registered Agent Name Eugene Schuster Street Address (P.O. Box Number is Not Acceptable) 1900 N. Ocean Blvd, #2 City Ft. Lauderdale FL Zip Code 33305	
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 <u><i>S. Altuglu</i></u> <u><i>President</i></u> <u><i>07/09/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VIBRICH, JOHN 1900 N. ATLANTIC BLVD. #3 FT. LAUDERDALE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALTUGLU, SUSANA 1900 N OCEAN BLVD #1 FT LAUDERDALE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HUTCHINGS, REBECCA 1900 N. OCEAN BLVD #2 FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALTUGLU, SHENOL 1900 N OCEAN BLVD #1 FT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Schuster, Eugene 1900 N. ocean Blvd, #2 FT. Lauderdale, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALTUGLU, Shenol 1900 N. Ocean Blvd, #1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Schuster, Eugene 1900 N. ocean Blvd, #2 FT. Lauderdale, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALTUGLU, Shenol 1900 N. Ocean Blvd, #1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALTUGLU, Shenol 1900 N. Ocean Blvd, #1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>S. Altuglu</i></u> (<i>Susana Altuglu, President</i>) <u><i>07/09/04</i></u> (<i>954-336-9026</i>) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					