


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90102 001 \*\*\*\*61.25

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # N49962</b><br>1. Entity Name<br><b>VILLA OCTAGON CONDOMINIUM ASSOCIATION, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>1900 N. ATLANTIC BLVD.<br/>#2<br/>FT. LAUDERDALE FL 33305<br/>US</b>  |  |   | Mailing Address<br><b>1900 N. OCEAN BLVD.<br/>#1<br/>FT. LAUDERDALE FL 33305<br/>US</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |  |   | City & State  |  |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number <b>65-0417238</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | 1st MOORE CR2E037 (10/05)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCHUSTER, EUGENE<br/>1900 N. OCEAN BLVD<br/>#2<br/>FT. LAUDERDALE FL 33305</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                         |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>   |  |   |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</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<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | DV <input type="checkbox"/> Delete<br><b>VIBRICH, JOHN<br/>1900 N. ATLANTIC BLVD. #3<br/>FT. LAUDERDALE FL</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>ULBRICH<br/>UNIT# 4</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | DT <input type="checkbox"/> Delete<br><b>SCHUSTER, EUGENE<br/>1900 N OCEAN BLVD #2<br/>FT LAUDERDALE FL</b>    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: \_\_\_\_\_

*Eugene Ann Schuster*