2008 NOT-FOR-PROFIT CORPORATION ANNUAL RÉPORT (AR)

Apr 25, 2008 8:00 am Secretary of State DOCUMENT # N49962 1. Entity Name 04-25-2008 90120 003 ****61.25 VILLA OCTAGON CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1900 N. ATLANTIC BLVD. 1900 N. OCEAN BLVD. #2 FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 65-0417238 Not Applicable Zin 1 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETER F. O'CONNELL SCHUSTER, EUGENE Street Address (P.O.T.Box Number is Not Acceptable) 1900 N. OCEAN BLVD FT. LAUDERDALE FL 33305 UNIT ONE FT. LAUDERDALE 8. The above named entity symmits 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. ATRIC 11, 2008 SIGNATURE Signature, typed or printed name of rogistimed agent and the Tappicacio. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ULBRICH, JOHN NAME NAME STREET ADDRESS 1900 N. ATLANTIC BLVD. #4 STREET ADDRESS FORT LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP PRESIDENT AND TREAS. TITLE Delote TITLE PETER F. O'CONNELL SCHUSTER, EUGENE NAME NAME 1900 N. OCEAN BLYD, - UNIT ONE STREET ADDRESS 1900 N OCEAN BLVD #2 STREET ADDRESS FORT LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33305 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME SISSET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HTLE Change neitibhA [7] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information subhiled 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 suppliemental 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 trust elempowered is 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 attachgrent with a Addressy with all the tempowered.

APRIC 11, 2008

if changed, or on an attachg

SIGNATURE:

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