


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000001941</b>	
1. Entity Name <b>VILLAMAR CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>835 18TH ST APT 403 VERO BEACH, FL 32960</b>	Mailing Address <b>835 18TH ST APT 403 VERO BEACH, FL 32960</b>
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1602712</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SCHWENK, HAROLD  
835 18TH ST  
APT 403  
VERO BEACH, FL 32960**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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>U000000775334 01/08/08-80026-002 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOW, AL 835 18TH STREET #604 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWENK, HAROLD 825 18TH STREET - #403 VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVERINO, RUTH 835 18TH ST #508 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELLY, DAVID 835 18TH ST. APT. #207 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANDRY, IRENE 835 18TH ST APT 110 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

**SIGNATURE:** *Harold Schwenk* **1/4/08 772-569-8995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #