

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90051 031 ****61.25

DOCUMENT # N94000002020 1. Entity Name MILANO VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business % PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			Mailing Address % MYRON SWATT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRIME MANAGEMENT GROUP, INC. MYRON SWATT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487				Name <u>Irma Schwam</u> Street Address (P.O. Box Number is Not Acceptable) <u>5083-D Splendido Court.</u> <u>Boynton Bch,</u> City <u>Boynton Bch,</u> <u>FL</u> Zip Code <u>33437</u>	
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>Irma Schwam</u> (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete			
NAME	DEVOREN, RENEE				
STREET ADDRESS	5083 B SPLENDIDO CT.				
CITY- ST- ZIP	BOYTON BCH., FL 33437				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	COOPER, IRMA				
STREET ADDRESS	5083 A SPLENDIDO CT.				
CITY- ST- ZIP	BOYTON BCH., FL 33437				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	SCHWAM, IRMA				
STREET ADDRESS	5083 D SPLENDIDO CT.				
CITY- ST- ZIP	BOYTON BCH., FL 33437				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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>Irma Schwam</u> Date <u>FEB 24 2005</u> (361-735-0816)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					