2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 16, 2007 08:00 AN Secretary of State DOCUMENT # N9400002020 1. Entity Namo MILANO VILLAGE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address % PRIME MANAGEMENT GROUP, INC. % PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0577259 Not Applicable Ζıp Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PRIME MANAGEMENT GROUP, INC. Street Address (P.O. Box Number is Not Acceptable) IRMA SCHWAN 5083-D SPLENDIDA COURT **BOYNTON BEACH FL 33437** City Zip Code 8. The above named onlity 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete DID Change Addition U00000638959 NAME DEVOREN, RENEE NAM 02/28/07-80007-012 61.25 STREET ADDRESS STREET ADORESS 5083 B SPLENDIDO CT. CHY-ST-ZIP BOYTON BCH. FL 33437 CITY-ST-ZIP VD ☐ Delete TITLE Change Addition COOPER, IRMA NAME STREET ADDRESS STREET ADDRESS 5083 A SPLENDIDO CT. CHY-SI-7P BOYTON BCH, FL 33437 CITY-ST-ZIP TITLE STĎ ☐ Defete □ Change ☐ Addition NAME SCHWAM, IRMA STREET ADDRESS STREET ADDRESS 5083 D SPLENDIDO CT. CITY-ST-ZIP CITY-ST-7IP BOYTON BCH. FL 33437 ШЦ Delete Tille Change ☐ Addition NAME. STREET ADDRE STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP THEE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-A CHY-ST-ZIP HILE Detere HILL Change ☐ Addil:on NAME

2. I horeby 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 offect as if made under eath; 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 expowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Symp Schwam John True

STRUET ADDRESS

CITY-ST-ZIP