

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

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90079 005 ****70.00

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 1. Entity Name
 VILLA MONTEVERDE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 21045 COMMERCIAL TRAIL #200 BOCA RATON FL 33486
 21045 COMMERCIAL TRAIL #200 BOCA RATON FL 33486 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number 65-0602484 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIAM K. ISAACSON,
 21045 COMMERCIAL TRAIL
 STE 200
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	UBILLUZ, OSCAR	16172 VIA MONTEVERDE	DELRAY BEACH FL 33446	<input type="checkbox"/>
SD	RESNIC, MARGIE	1616 VIA MONTEVERDE	DELRAY BEACH FL 33446	<input type="checkbox"/>
VD	WHITE, PAT	16047 VIA MONTEVERDE	DELRAY BEACH FL 33446	<input type="checkbox"/>
VD	ROSENBERG, JAY	16184 VIA MONTEVEDE	DELRAY BEACH FL 33446	<input type="checkbox"/>
TD	SAKOFF, MARC	16136 VIA MONTEVEDA E	DELRAY BEACH FL 33446	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: [Signature] DATE: 4/10/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #