2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004112

FILED Apr 21, 2009 Secretary of State

Entity Name: VILLA MONTEVERDE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
21045 COMMERICAL TRAIL #200				21045 COMMERICAL TRAIL BOCA RATON, FL 33486			
BOCA RAT	ON, FL 33486						
Current Mailing Address:				New Mailing Address:			
#200	MERICAL TRA						
BOCA RAT	ON, FL 33486	US					
FEI Number:	65-0602484	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status De	sired (X)
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of I	New Registered Ager	nt:
WILLIAM K. ISAACSON, 21045 COMMERICAL TRAIL STE 200 BOCA RATON, FL 33486 US				ISAACSON, WILLIAM 21045 COMMERICAL TRAIL STE 200 BOCA RATON, FL 33486 US			
The above in the State	named entity su of Florida.	ibmits this statement for the pur	rpose o	of changing it	ts registered o	office or registered age	ent, or both,
SIGNATURE: WILLIAM ISAACSON Electronic Signature of Registered Agent				04/21/2009			
				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () E UBILLUZ, OSCAF 16172 VIA MONT DELRAY BEACH	EVERDE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E WHITE, PAT 16047 VIA MONT DELRAY BEACH			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E ROSENBERG, JA 16184 VIA MONT DELRAY BEACH	EVEDE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () E SAKOFF, MARC 16136 VIA MONT DELRAY BEACH			Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	D (WOLF, DAVID 16167 VIA MO DELRAY BEAC		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT WHITE VD 04/21/2009