

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90006 018 ****70.00

DOCUMENT # N96000001158 1. Entity Name VILLA MADONNA, INC.					
Principal Place of Business 4805 LAKE WORTH ROAD LAKE WORTH, FL 33463			Mailing Address P.O BOX 109650 PALM BEACH GARDENS, FL 33410 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01302008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0650219	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK JR. 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134			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 _____					
Filing Fee is \$61.25 Due by May 1, 2008.		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCMAHON, JOHN R REV. <input type="checkbox"/> Delete 370 S.W. THIRD STREET BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, RICHARD REV. <input type="checkbox"/> Delete P.O. BOX 109650 N/A PALM BEACH GARDENS, FL 33410				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMEL, DENIS <input type="checkbox"/> Delete 9995 NORTH MILITARY TR PALM BEACH GARDENS, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD MCGINLEY, KEVIN <input type="checkbox"/> Delete 2240 PALM BEACH LAKES BLVD., STE. 103 WEST PALM BEACH, FL 33409				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPES, ROBERT <input checked="" type="checkbox"/> Delete 1190 DOLPHIN ROAD RIVIERA BEACH, FL 33404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILA, THOMAS DR <input type="checkbox"/> Delete 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 33410				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <u>Thomas A Bila</u> 2/3/08 561-775-9560 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					