


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90174 002 ***158.75

DOCUMENT # N96000001412 1. Entity Name VILLAS AT CIRCLE'S EDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 27553 S DIXIE HWY HOMESTEAD, FL 33032 US			Mailing Address 27553 S DIXIE HWY HOMESTEAD, FL 33032 US		
2. Principal Place of Business - No P.O. Box # 2880 W. Oakland Park Blvd		3. Mailing Address 2880 W. Oakland Park Blvd			
Suite, Apt. #, etc. Suite 118		Suite, Apt. #, etc. Suite 118			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL			
Zip 33311		Country US		4. FEI Number 65-0725464	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent FERNAUAR, MILAGROS 27553 S DIXIE HWY HOMESTEAD, FL 33032			7. Name and Address of New Registered Agent Name I&S Management, Inc., Susanna Schmoeder Street Address (P.O. Box Number is Not Acceptable) 2880 W. Oakland Park Blvd Suite 118 City Fort Lauderdale FL Zip Code 33311		
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><i>Susanna Schmoeder</i></u> <u><i>FERNAUAR SCHMOEDER</i></u> <u><i>4/23/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AULET, CARMEN 2487 NW 56 AVE #205 FORT LAUDERDALE, FL 33313	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ann Nicholas 2457 NW 56th Ave #102 Lauderhill, FL 33313
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBOURG, JUDITH P.O. BOX 190221 FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIOWELL, MICHELL 2457 N.W. 56 AVE. #106 LAUDERHILL, FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, CLARA 2457 N.W. 56 AVE. #204 FORT LAUDERDALE, FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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><i>Susanna Schmoeder</i></u>			4/25/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		