

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90007 020 ****61.25

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1. Entity Name
VILLAS AT CIRCLE'S EDGE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
2880 W OAKLAND PARK BLVD
SUITE 118
FORT LAUDERDALE, FL 33311 US

Mailing Address
2880 W OAKLAND PARK BLVD
SUITE 118
FORT LAUDERDALE, FL 33311 US



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0725464

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHMOCKER, SUSANNA
2880 W OAKLAND PARK BLVD
SUITE 118
FORT LAUDERDALE, FL 33311

**DO NOT WRITE
IN THIS SPACE**

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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE S
NAME NICHOLAS, ANN
STREET ADDRESS 2457 NW 56TH AVE 102
CITY-ST-ZIP FORT LAUDERDALE, FL 33313

TITLE P
NAME DEBOURG, JUDITH
STREET ADDRESS P.O. BOX 190221
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE V
NAME TIOWELL, MICHELL
STREET ADDRESS 2457 N.W. 56 AVE. #106
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE T
NAME PEREZ, CLARA
STREET ADDRESS 2457 N.W. 56 AVE. #204
CITY-ST-ZIP FORT LAUDERDALE, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #