2007 NOT FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2007 8:00 am Secretary of State DOCUMENT # N97000000072 1. Entity Name 04-04-2007 90188 004 ****70.00 VILLA D'ESTE PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 21045 COMMERCIAL TRL 21045 COMMERCIAL TRL **BOCA RATON FL 33486 BOCA RATON FL 33486** 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 4. FEI Number Applied For 65-0719145 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired V Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM K. ISAACSON Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Addition SD 🔀 Delete ☐ Change Arlene kessler NAMI: GELFAND, MELVIN STREET ADDRESS STREET ADDRESS 7916 VILLA D'ESTE WAY 7832 Villa D'Ester War CITY - ST - ZIP CITY-ST-ZIP DELRAY BEACH FL 33446 Blogy Beach HUE ☐ Defete TITLE Change Addition NAME ABRAMS, JASON NAME STREET ADDRESS STREET ADDRESS 7838 VILLA D'ESTE WAY CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** TITLE Delete TITLE Change ☐ Addition NAME NAME MUEHLGAY, FRED STREET ADORESS STREET ADDRESS 7737 VILLA D'ESTE WAY CITY ST-ZIP CHY-SI-71P DELRAY BEACH FL 33446 ULLE ItTLE ☐ Change ☐ Addition Delete NAME NAME BOCKIAN, ARTHUR STREET ADDRESS STREET ADDRESS 7755 VILLA D'ESTE WAY CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33446 TITLE ☐ Defete THILE Change ☐ Addition NAME NAME STAR, WALTER STREET ADDRESS STREET ADDRESS 7880 VILLA D'ESTE WAY CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** THE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-S1-7IP 12. I hereby certify that the information supplied with the ffing 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 frue 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 proceed to execute this report as required by Chapter 917, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address point all other like empowered.

FILED

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