2004 NOT-FOR-PROFIT CORPORATION

May 04, 2004 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N99000004012 05-04-2004 90212 034 ****61.25 VILLÁGIO HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 5610 PGA BLVD., STE. 114 275 TONEY PENNA DRIVE 10222022 PALM BEACH GARDENS, FL 33418 #7 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address 275 TONEY PENNA Suite, Apt. #, etc. Suite, Apt. #, etc. 03232004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 65-0932435 Not Applicable Zip , Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name .-THE SUNRISE COMPANIES Street Address (P.O. Box Number is Not Acceptable) 275 TONEY PENNA DRIVE # 7 JUPITER, FL 33458 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Delete TITLE ☐ Change ■ Addition TITLE NAME SABATELLO, CARL NAME 5610 PGA BLVD., STE. 114 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP STD Addition MLE ☐ Delete me ☐ Change SABATELLO, MICHAEL NAME 5610 PGA BLVD., STE. 114 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete ☐ Change Addition TITLE TITLE SABATELLO, PAUL NAME NAME STREET ADDRESS 5610 PGA BLVD., STE. 114 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 City-St-7IP ☐ Change ☐ Addition Defete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an instee 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.

SABATELLO PRESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGN SIGNATURE:

FILED