

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90029 038 ****61.25

DOCUMENT # N99000004012		
1. Entity Name VILLAGIO HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 275 TONEY PENNA DRIVE JUPITER, FL 33458	Mailing Address 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458
---	---

2. Principal Place of Business - No P.O. Box # 1061 E. Indiantown Road Suite 410 Jupiter, FL 33477 USA	3. Mailing Address 1061 E. Indiantown Road Suite 410 Jupiter, FL 33477 USA
---	---

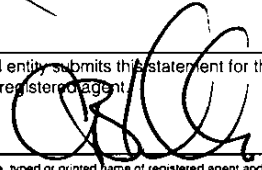


01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0932435	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE SUNRISE COMPANIES 275 TONEY PENNA DRIVE # 7 JUPITER, FL 33458	7. Name and Address of New Registered Agent Name: <u>The Sunrise Companies</u> Street Address (P.O. Box Number is Not Acceptable): <u>1061 E. Indiantown Rd.</u> <u>Suite 410</u> City: <u>Jupiter</u> FL Zip Code: <u>33477</u>
--	--

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.

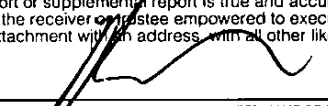
SIGNATURE:  DATE: 2/25/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P ROSENBERG, DAN 10622 PIAZZA FONTANA WEST PALM BEACH, FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EISENHauer, RON 7980 VIA VILLAGIO WEST PALM BEACH, FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUTCHIN, DON 7992 VIA VILLAGIO WEST PALM BEACH, FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TELCHIN, STEVE 7984 VIA VILLAGIO WEST PALM BEACH, FL 33412 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REICH, LOIS 7995 VIA VILLAGIO WEST PALM BEACH, FL 33412 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONA, BARRY 7987 VIA VILLAGIO WEST PALM BEACH, FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  DATE: 3/05 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR