


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90003 043 ****61.25

DOCUMENT # 737986

1. Entity Name
VILLA NUEVA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**7200 ULMERTON RD., C-3
 LARGO, FL 33771 US**

Mailing Address
**7300 PARK ST
 SEMINOLE, FL 33777 US**

50053808



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1794535

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REINHARDT, DEBRA C/O RESOURCE MANAGEMENT 7300 PARK ST SEMINOLE, FL 33777		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005

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	PD MORAN, GARY 7200 ULMERTON RD G-1 LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE V D NAME STREET ADDRESS CITY-ST-ZIP	THOMPSON, ABIGAH 7200 ULMERTON RD C-3 LARGO, FL 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS PETRAE, GARY 7200 ULMERTON ROAD C8 LARGO, FL 33771 <input checked="" type="checkbox"/> Delete	TITLE T D NAME STREET ADDRESS CITY-ST-ZIP	DILLON, TANYA 7200 ULMERTON RD D7 LARGO, FL 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARKAS, EDITH 7200 ULMERTON RD LARGO, FL 33771 <input checked="" type="checkbox"/> Delete	TITLE S D NAME STREET ADDRESS CITY-ST-ZIP	SORRICK, DOUG 7200 ULMERTON RD D2 LARGO, FL 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IANKOWSKI, JOHN 7200 ULMERTON RD A8 LARGO, FL 33771 <input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GROVE, LILLIAN 7200 ULMERTON RD C6 LARGO, FL 33771 <input type="checkbox"/> Change <input checked="" 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
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

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 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 GARY MORAN **GARY MORAN** 6/16/05 535-4217
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #