
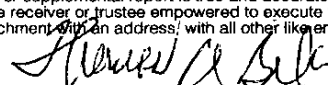


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90027 034 ****70.00

DOCUMENT # N00000008506					
1. Entity Name VILLA SETON, INC.					
Principal Place of Business 9995 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410			Mailing Address PO BOX 109650 PALM BEACH GARDENS, FL 33410-9650		
2. Principal Place of Business - No P.O. Box # 3300 S.W. Chartwell St.		3. Mailing Address sam as above			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St Lucie, FL 34953		City & State		4. FEI Number 31-1775150	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent J. PATRICK FITZGERALD, ESQ. 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 MCMAHON, JOHN R REV. 370 S.W. THIRD STREET BOCA RATON, FL 33432	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, RICHARD REV. POST OFFICE BOX 3758 VERO BEACH, FL 32964	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMEL, DENIS 9995 N MILITARY TRAIL PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD MCGINLEY, KEVIN 2240 PALM BEACH LAKES BLVD, STE 103 WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD SZPIEG, EDMUND REV. 930 S.W. TUNIS AVENUE PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILE, THOMAS 9995 N MILITARY DR PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILA, THOMAS DR.	<input type="checkbox"/> Change <input type="checkbox"/> 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 2/21/07 Daytime Phone #					