


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003081
1. Entity Name
ANNA'S VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2142 SW CR 534 **2142 SW CR 534**
MAYO, FL 32066 **MAYO, FL 32066**



04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LAWSON, LEVIS E SR
2142 SW CR 534
MAYO, FL 32066

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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 re-issuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, LEVIS E SR 2142 SW CR 534 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAWSON, LEVIS E JR 2142 SW CR 534 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAWSON, FRANCES L 2142 SW CR 534 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/06-80223-024 61.25

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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: *Frances L Lawson* 4-14-06 386-294-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Frances L Lawson