2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001763

FILED Jan 25, 2005 Secretary of State

Entity Name: VILLAGGIO AT TIERRA VERDE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

612 PINELLAS BAYWAY TIERRA VERDE, FL 33715

Current Mailing Address: New Mailing Address:

612 PINELLAS BAYWAY 5901 SUN BLVD.

TIERRA VERDE, FL 33715 203

ST PETERSBURG, FL 33715

FEI Number: 32-0109325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAHLER, R JAN

4625 E BAY DR STE 225

5901 SUN BLVD

CLEARWATER, FL 33764 US 203 ST PETERBURG, FL 33715 US

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.

SIGNATURE: WILLIAM NEWTON 01/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 KAHLER, R JAN
 Name:
 TREMBLEY-PERROT, MADELYN

 Address:
 4625 E BAY DR STE 225
 Address:
 5901 SUN BLVD

City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: ST PETERBURG, FL 33715

Title: STD () Delete Title: VPD (X) Change () Addition

 Name:
 ACKERSON, KEN
 Name:
 CERIALE, JAMEA

 Address:
 4625 E BAY DR STE 225
 Address:
 5901 SUN BLVD

City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: ST. PETERBURG, FL 33715

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf STD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 GONZALEZ, RAY
 Name:
 REIHLE, GREG

 Address:
 311 N BAYSHORE DR
 Address:
 5901 SUN BLVD

City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: ST PETERSBURG, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM NEWTON AGEN 01/25/2005