

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N24037**  
1. Entity Name  
**VILLAS I & II CONDOMINIUM ASSOCIATION, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>5010/5020 N.BEACH RD<br/>ENGLEWOOD FL 34223</b> | Mailing Address<br><b>5010 N.BEACH RD<br/>UNIT B3<br/>ENGLEWOOD FL 34223</b> |
|---|--|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

1st MOORE CR2E037 (10/06)

|              |              |                                    |                               |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>75-1941685</b> | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                                | Country                       |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**HEEKIN, JOHN CHARLES  
21202 OLEAN BLVD.  
SUITE C-2  
PORT CHARLOTTE FL**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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 |   |
|----------------------------|---|
| TITLE                      | D <input type="checkbox"/> Delete<br>NAME: FALK, JEFF<br>STREET ADDRESS: 2060 RASPBERRY LN<br>CITY- ST- ZIP: OWATONNA MN 55060                |
| TITLE                      | TD <input type="checkbox"/> Delete<br>NAME: SWOPE, REN<br>STREET ADDRESS: 6377 BROOKVIEW AVENUE<br>CITY- ST- ZIP: W. BLOOMFIELD MI 48322      |
| TITLE                      | SD <input type="checkbox"/> Delete<br>NAME: FITZWATER, RITA<br>STREET ADDRESS: 110 FRONTENAC FOREST DR<br>CITY- ST- ZIP: SAINT LOUIS MO 63131 |
| TITLE                      | PD <input type="checkbox"/> Delete<br>NAME: SWOPE, DAVID<br>STREET ADDRESS: 5010 N.BEACH RD. B4<br>CITY- ST- ZIP: ENGLEWOOD FL 34223          |
| TITLE                      | <input type="checkbox"/> Delete   |
| TITLE                      | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY- ST- ZIP: _____ |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE   | <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 Section 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.