2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000000515

1. Entity Name





FILED Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90271 037 ****61.25

INC.	IA VILLAGE I CONDOMINI	UM ASSOCIATION,						
Principal Plac % GJ REAL E 200 WILLARI COCOA, FL 3	STATE, INC.) St 2 B	Mailing Address % GJ REAL ESTTE INC 200 WILLARD ST 2 B COCOA, FL 32922 L	JS				HI BOHN BOHN BYOY HEBI BY	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.			01032006	Chg-NP (CR2E037 (11/05)	
City & State		City & State			4. FEI Number 59-32138	29		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	idress of New Regi	stered Agent	
JONES G	AYLÉ		Name					
200 WILLARD ST. SUITE 2-B			Street Address		2.0. Box Number is	s Not Acceptable)		
COCOA, F	L 32922							
			City				FL Zip Cod	le
	named entity submits this statement to	or the purpose of changing its	registered office o	r registere	ed agent, or both.	in the State of Florid	a. I am familiar with,	and accept
the obligat	ions of registered agent.							
SIGNATURE .								
SIGNATIONE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signa	ture required	when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		 	9. Election Campaign Financing Trust Fund Contribution.					
		1			\$5.00 May Be Added to Fees	1	e check payable t Department of S	
10.		Trust Fund C			Added to Fees	Florida	• •	tate
10.	Due by May 1, 2006 OFFICERS AND DI	Trust Fund C	ontribution.		Added to Fees	Florida	Department of S	tate
TITLE NAME	Due by May 1, 2006 OFFICERS AND DID DP CAREY, JAMES	Trust Fund C	Ontribution. 11. πεε NAME		Added to Fees	Florida	AND DIRECTORS IN	tate
TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIE DP CAREY, JAMES 3894 VERANDA CT	Trust Fund C	TITLE NAME STREET ADDRESS		Added to Fees	Florida	AND DIRECTORS IN	tate
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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