## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N99000005481



**FILED** Feb 06, 2006 8:00 am Secretary of State

| Sale   FFH AVENUE NO   SAFETY HARBOR FL 34695   Sale   S    |   | VENUE VILLAS & TOWNHO<br>NTION, INC.   | DMES HOMEOWNER  | RS S  |                  |  | 02-06-200   | 06 90051 04                         | 47 ****6 <u>1</u>                                      | 1.25                         |  |
|---|---|--|---|---|------------------|--|---|-------------------------------------|--|------------------------------|--|
| Suite: Api #, etc.  Suite: Api #, etc.  Suite: Api #, etc.  City & State  | 318 FIFTH A   | VENUE NO   | 318 FIFTH AVENUE NO   |   |                  | , 1987/IS) SID                                     |   | . ESMI SEMI ESIEI SI                | 14) <b>2:22:</b> 12 <b>:2</b> 1 (1                     | 84(B) #1 1WB)                |  |
| City & State  A FEI Number 59-3619373  Recording the Space of   | 2. Principal P  | Place of Business  | 3. Mailing Address  |   |                  |  |   |                                     |  |                              |  |
| Space   Spac    | Suite, Apl. #, etc.   |  | Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |                  | 01052006   | Chg-NP  | CR2E03                              | 7 (11/05)  |                              |  |
| 8. Name and Address of Current Registered Agent  CORNELIUS, SCOTT 330 STH AVE NORTH SAFETY HARBOR, FL 34695  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 obligators of registered agent.  SIGNATURE  Filling Fee is \$61.25 Due by May 1, 2006  Title PD OFFCERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS 10.  TITLE PD OFFCERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS 10.  TITLE PD OFFCERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS 10.  TITLE PD OFFCERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS 10.  TITLE PD OFFCERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS 10.  TITLE PD OFFCERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFCERS AND DIRECTORS 10.  TITLE PD OFFCERS AND DIRECTORS 10.  TITLE  | City & State  | е  | City & State  | · · · · · · · · · · · · · · · · · · ·   |                  | 4. FEI Number 59-3619                              | 373   |                                     | <del></del>  | ·                            |  |
| Name     ERC GREGRY   | Zip   | Country  | Zip   | Country   |                  | 5. Certificate of                                  | of Status Desire  |                                     |  |                              |  |
| CORNELIUS, SCOTT 33.0 5TH AVE NORTH SAFETY HARBOR, FL 34695    Sucet Address (P.O. Box Number is Not Acceptable)   Sucet Address (P.O. Box Number is Not Acceptable)   City Cut Harbor   FL 26 Code   | ·   | 8. Name and Address of Current   | Registered Agent  |   |                  | 7. Name and /                                      | Address of Ne   | w Registered /                      | Agent  |                              |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registeregy/agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  Filling Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME CREGORY, ALICIA STRET ADRIAS STRET AVEND SAFETY HARBOR, FL 34695  TITLE NAME CORNELIUS, SCOTT NAME STRET ADDRESS CITY-ST-2P SAFETY HARBOR, FL 34695  TITLE NAME STRET ADDRESS CITY-ST-2P SAFETY HARBOR, FL 34695  TITLE NAME STRET ADDRESS CITY-ST-2P SAFETY HARBOR, FL 34695  TITLE NAME STRET ADDRESS CITY-ST-2P STRET ADDRESS CITY | CORNELIUS, SCOTT<br>330 5TH AVE NORTH   |  |   | Name Ef   |                  |  | CIC GREGORY   |                                     |  |                              |  |
| B. 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   Signature   Signature, typed or present name of registered agent and size of apolicable   (NOTE Registered Agent segrature required when remaitsray)   DATE      Filling Fee is \$61.25   | SAFETY H  | IARBOR, FL 34695   |   | 30  | 8 1              | 54 A   | UE NO   | RAH                                 |  |                              |  |
| SIGNATURE    Signature   Signa  |   | <i>2</i> *   |   | CityS   | deh              | Har  | 261   | FL                                  | 型 C90  | 695                          |  |
| Filling Fee is \$61.25   Sue by May 1, 2006   Steel ton Campaign Financing Due by May 1, 2006   Steel ton Campaign Financing Trust Fund Contribution.   Added to Fees   Make check payable to Florida Department of State   |   | •  | or the purpose of changing its                                | registered office or  | registe <b>g</b> | agent, or both                                     | n, in the State o   | f Florida. I am i                   | familiar with,   | and accept                   |  |
| TILE  Due by May 1, 2006  Trust Fund Contribution.  Addod to Fees  Florida Department of State  Florida Department of State  Florida Department of State  Addid to Fees  Florida Department of State  Florida Department of State  Addid to Fees  Florida Department of State  Florida Department of State  Addid to Fees  Florida Department of State  Florida Department of State  Addid to Fees  Florida Department of State  Addid to Fees  Florida Department of State  ITILE  PO  | SIGNATURE .   | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE                                | : Registered Agent eignet   | re required      | when reinstating)                                  |   | DATE                                |  |                              |  |
| TITLE NAME GREGORY, ALICIA STRET ADDRESS GRETY HARBOR, FL 34695  TITLE NAME CAREW, RONALO P STRETA ADDRESS CITY-ST-ZIP NAME CORNELIUS, SCOTT STRETA ADDRESS CITY-ST-ZIP NAME STRETA ADDRESS CITY-ST-ZIP NAME CORNELIUS, SCOTT STRETA ADDRESS CITY-ST-ZIP TITLE NAME STRETA ADDRESS CITY-ST-ZIP TITLE Obelete OCHARGE OCHAR  | Filing Fee is \$61.25   |  | 6 Election Con  | 9. Election Campaign Financing  |                  |  |   |                                     | 4  |                              |  |
| NAME STREET ADDRESS CITY-ST-ZP SAFETY HARBOR, FL 34695  TITLE VPD CARREW, RONALD P STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE TD CARREW, RONALD P STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE TD CARREW, RONALD P STREET ADDRESS CITY-ST-ZIP  TITLE TD CHange Addition TITLE NAME CORNELIUS, SCOTT STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY  |   | <del>-</del>   | <b>N</b>  |   |                  |  | ,   E   |                                     |  |                              |  |
| STRET ADDRESS CITY-ST-ZP SAFETY HARBOR, FL 34695 CITY-ST-ZP STRET ADDRESS CITY-ST-ZP STRET ADDRE  | 10.   | Due by May 1, 2006   | Trust Fund C  | Contribution.   | <b>□</b>         | Added to Fees                                      | F   | lorida Depar                        | tment of S   | tate                         |  |
| CITY-ST-ZIP  SAFETY HARBOR, FL 34695  CITY-ST-ZIP  TITLE  NAME  CAREW, RONALD P  STREET ADDRESS CITY-ST-ZIP  SAFETY HARBOR, FL 34695  CITY-ST-ZIP  TITLE  TITLE  TO  CORNELIUS, SCOTT  SAFETY HARBOR, FL 34695  CITY-ST-ZIP  TITLE  |   | Due by May 1, 2006 OFFICERS AND DI   | Trust Fund C  | Contribution.   | <b>□</b>         | Added to Fees                                      | F   | lorida Depar                        | TECTORS IN   | tate                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TD CORNELIUS, SCOTT STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADRESS CITY-ST-ZIP ADDRESS   | TITLE<br>NAME   | OFFICERS AND DI<br>PD<br>GREGORY, ALICIA   | Trust Fund C  | 11. TITLE NAME  | <b>□</b>         | Added to Fees                                      | F   | lorida Depar                        | TECTORS IN   | tate                         |  |
| NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP   | TITLE<br>NAME<br>STREET ADDRESS   | Due by May 1, 2006  OFFICERS AND DI PD GREGORY, ALICIA 318 5TH AVE NO  | Trust Fund C  | Ontribution.  11.  ITILE  NAME  STREET ADDRESS  | <b>□</b>         | Added to Fees                                      | F   | lorida Depar                        | TECTORS IN   | tate                         |  |
| CITY-SI-ZIP  SAFETY HARBOR, FL 34695  CITY-SI-ZIP  TITLE  NAME STREET ADDRESS CITY-SI-ZIP  TITLE  Deletze  TITLE  NAME STREET ADDRESS CITY-SI-ZIP  TITLE  Change Addition   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Due by May 1, 2006  OFFICERS AND DI PD GREGORY, ALICIA 318 5TH AVE NO SAFETY HARBOR, FL 34695  | Trust Fund C  | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | <b>□</b>         | Added to Fees                                      | F   | lorida Depar                        | TECTORS IN Change                                      | tate I 10 Addition           |  |
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| STREET ADDRESS STREET ADDRESS   | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Due by May 1, 2006  OFFICERS AND DI PD GREGORY, ALICIA 318 5TH AVE NO SAFETY HARBOR, FL 34695  VPD CAREW, RONALD P 320 FIFTH AVE NO SAFETY HARBOR, FL 34695  TD CORNELIUS, SCOTT 330 5TH AVE NORTH   | Trust Fund C RECTORS  Delate  Delate  Delate  Delate          | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | - THE ERE 318    | Added to Fees DDITIONS/CHA                         | NGES TO OFF   | Iorida Depar                        | tment of S  RECTORS IN  Change  Change  Change         | Addition  Addition  Addition |  |
| CTTY-ST-ZIP CTTY-ST-ZIP   | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Due by May 1, 2006  OFFICERS AND DI PD GREGORY, ALICIA 318 5TH AVE NO SAFETY HARBOR, FL 34695  VPD CAREW, RONALD P 320 FIFTH AVE NO SAFETY HARBOR, FL 34695  TD CORNELIUS, SCOTT 330 5TH AVE NORTH   | Trust Fund C RECTORS  Delate  Delate  Delate  Delate          | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | - THE ERE 318    | Added to Fees DDITIONS/CHA                         | NGES TO OFF   | Iorida Depar                        | tment of S  RECTORS IN  Change  Change  Change         | Addition  Addition  Addition |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information   | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Due by May 1, 2006  OFFICERS AND DI PD GREGORY, ALICIA 318 5TH AVE NO SAFETY HARBOR, FL 34695  VPD CAREW, RONALD P 320 FIFTH AVE NO SAFETY HARBOR, FL 34695  TD CORNELIUS, SCOTT 330 5TH AVE NORTH   | Trust Fund C RECTORS  Delate  Delate  Delate  Delate          | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | - THE ERE 318    | Added to Fees DDITIONS/CHA                         | NGES TO OFF   | Iorida Depar                        | tment of S  RECTORS IN  Change  Change  Change         | Addition  Addition  Addition |  |
| 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  | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DI OFFICERS AND DI PD GREGORY, ALICIA 318 5TH AVE NO SAFETY HARBOR, FL 34695 VPD CAREW, RONALD P 320 FIFTH AVE NO SAFETY HARBOR, FL 34695 TD CORNELIUS, SCOTT 330 5TH AVE NORTH SAFETY HARBOR, FL 34695   | Trust Fund C  RECTORS  Delate  Delate  Delate  Delate  Delate | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ER 3(8 SAM       | Added to Fees DDITIONS/CHA  C D GI  STH AT  ETY HA | RESTOOFF  RECKY  RECKY | S. I further certifer cath that I a | tment of S  RECTORS IN  Change  Change  Change  Change | Addition  Addition  Addition |  |

ALICIAT. GREGORY 1-11-06 687-1461