

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90066 002 ***150.00

DOCUMENT # 672302

1. Entity Name
VILLA LAGO APARTMENTS, INC.



Principal Place of Business
POST OFFICE BOX 832
LAKE WALES, FL 33859-0832

Mailing Address
POST OFFICE BOX 832
LAKE WALES, FL 33859-0832

40041399



2. Principal Place of Business - No P.O. Box #
2300 N. SCENIC HIGHWAY
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03122007 Chg-P CR2E034 (12/06)

City & State
LAKE WALES, FL
Zip
33898

City & State
Zip
Country

4. FEI Number
59-2886492

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, ROBERT E.
ALTERNATE 27 NORTH
LAKE WALES, FL 33853

7. Name and Address of New Registered Agent

Name *MARTIN, ROBERT E.*
Street Address (P.O. Box Number is Not Acceptable)
2300 N. SCENIC HIGHWAY
City *LAKE WALES* FL *33898*

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HENDERSON, GORDON
STREET ADDRESS 2300 SR 17 NORTH
CITY-ST-ZIP LAKE WALES, FL 338590832 ☐ Delete

TITLE T
NAME MARTIN, ROBERT E
STREET ADDRESS 2300 NO SCENIC HWY
CITY-ST-ZIP LAKE WALES, FL 33898 ☐ Delete

TITLE SD
NAME OSTER, JOHN III
STREET ADDRESS 2300 SR 17 N
CITY-ST-ZIP LAKE WALES, FL 33898 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HENDERSON, GORDON D.
STREET ADDRESS 16 SUNSET LANE
CITY-ST-ZIP BLUE, NJ 10580 ☒ Change ☐ Addition

TITLE T
NAME MARTIN, ROBERT E.
STREET ADDRESS 5431 LAKE PARK RD
CITY-ST-ZIP LAKE WALES, FL 33898 ☒ Change ☐ Addition

TITLE SD
NAME OSTER, JOHN III
STREET ADDRESS 108 W. BOUNDARY SQUARE
CITY-ST-ZIP MEQUON, WI 53092 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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: *Robert E. Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07

Date

(863) 676-3494

Daytime Phone #