



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 037 ****61.25

DOCUMENT # 722478 1. Entity Name EMBASSY VILLA ASSOCIATION, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235				Mailing Address 5041 RINGWOOD MEADOW STE 2 B SARASOTA, FL 34235	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40098388 	
City & State		City & State		02142007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1890680	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PAMI MANAGEMENT 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORNKAST, HORST <input type="checkbox"/> Delete 800 S. BLVD. OF PRESIDENTS #6 SARASOTA, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANDREY, DAVID <input type="checkbox"/> Delete 800 S BLVD OF THE PRESIDENTS, #19 SARASOTA, FL 34236			TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANDREY, DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 S. BLVD OF PRESIDENTS #19 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASSIDY, ROBERT <input checked="" type="checkbox"/> Delete 800 S BLVD OF PRESIDENTS #15 SARASOTA, FL 34236			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ROBERT <input type="checkbox"/> Delete 800 S. BLVD. OF PRESIDENTS #7 SARASOTA, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESTEL, ED <input checked="" type="checkbox"/> Delete 800 S. BLVD OF PRESIDENTS #16 SARASOTA, FL 34236			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hopkins, Richard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800 S. Blvd. of Presidents #14 SARASOTA FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 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: <i>Robert Williams, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-27-07 941 342 4275 <small>Date Daytime Phone #</small>	

ROBERT WILLIAMS