


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90229 010 ****61.25


DOCUMENT # 723901 1. Entity Name VILLA DOS PALMAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 771 ST. JUDES DR. LONGBOAT KEY FL 34228 US	Mailing Address 6048 DEE COURT STONE MOUNTAIN GA 30087 US
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2. Principal Place of Business 771 St Judes Dr North Suite, Apt. #, etc.	3. Mailing Address 4 Woodside Dr Suite, Apt. #, etc.
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City & State Longboat Key FL Zip 34228	Country	City & State Shrewsbury MA Zip 01545	Country
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00000401



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3059084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAWFORD, RICHARD 773 ST JUDES DRIVE NORTH LONGBOAT KEY FL 34228	7. Name and Address of New Registered Agent Name John McGinnis Jr. Street Address (P.O. Box Number is Not Acceptable) 4 Woodside Dr 771 St. Judes Drive North City Longboat Key, FL Zip Code 34228 Shrewsbury
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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 John McGinnis Jr. (NOTE: Registered Agent signature required when re-registering) DATE 2/27/06

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME CETWINSKI, DAVID STREET ADDRESS 3720 MAPLE CITY-ST-ZIP BROOKFIELD IL 60513	<input checked="" type="checkbox"/> Delete
TITLE VPD NAME CRAWFORD, MARY STREET ADDRESS 6048 DEE COURT CITY-ST-ZIP STONE MOUNTAIN GA 30087	<input checked="" type="checkbox"/> Delete
TITLE TD NAME CRAWFORD, RICHARD STREET ADDRESS 6048 DEE COURT CITY-ST-ZIP STONE MOUNTAIN GA 30087	<input checked="" type="checkbox"/> Delete
TITLE 3VP NAME CRAWFORD, MARY STREET ADDRESS 6048 DEE COURT CITY-ST-ZIP STONE MOUNTAIN GA 30087	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President NAME JAMES QUINN STREET ADDRESS 774 SAINT JUDES DRIVE NORTH CITY-ST-ZIP Longboat Key FL 34228	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V.P. NAME DAVID Cetwinski STREET ADDRESS 3720 Maple CITY-ST-ZIP BROOKFIELD, IL 60513	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Treasurer NAME John McGinnis STREET ADDRESS 4 Woodside Dr CITY-ST-ZIP Shrewsbury, MA 01545	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 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.

SIGNATURE: John McGinnis Jr.