

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90134 005 \*\*\*\*61.25

**DOCUMENT # 725353**

1. Entity Name  
**VILLA VISTA MANAGEMENT, INC.**



Principal Place of Business  
**4700 OCEAN BEACH BLVD.  
COCOA BEACH, FL 32931-3668**

Mailing Address  
**1980 NORTH ATLANTIC AVENUE  
#701  
COCOA BEACH, FL 32931**

**50006746**



03142006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**DAVIS, PETEY  
1980 ATLANTIC AVENUE #701  
COCOA BEACH, FL 32931**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **D** ☒ Delete  
NAME **GETHIN, JOHN**  
STREET ADDRESS **4700 OCEAN BEACH BLVD. #301**  
CITY-ST-ZIP **COCOA BEACH, FL 32931**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Arnett, Edward**  
STREET ADDRESS **4700 Ocean Beach Blvd #322**  
CITY-ST-ZIP **Cocoa Beach, FL 32931**

TITLE **PD** ☐ Delete  
NAME **RECKNOR, JOHN**  
STREET ADDRESS **4700 OCEAN BEACH BLVD. #528**  
CITY-ST-ZIP **COCOA BCH, FL 32931**

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

TITLE **VPP** ☐ Delete  
NAME **LORENZO, DANIEL**  
STREET ADDRESS **4700 OCEAN BCH BLVD. #506**  
CITY-ST-ZIP **COCOA BEACH, FL 32931**

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

TITLE **SD** ☐ Delete  
NAME **TERENZIO, ROBERT**  
STREET ADDRESS **9185 PALMETTO AVE**  
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Trerenzio, Robert**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **HOWARD, STEVE**  
STREET ADDRESS **2605 DURANTWOOD ST.**  
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **D** ☒ Change ☐ Addition  
NAME **Howard, Steve**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*John E. Recknor* **John E. Recknor**

**03/28/06**

**3217849777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #