
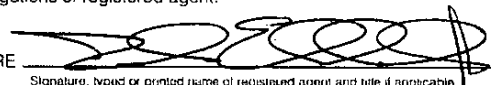


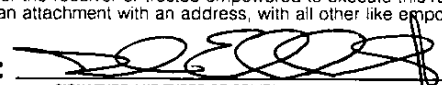
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90415 043 ****61.25

DOCUMENT # 729286 1. Entity Name VILLA VENYCE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 996 CORONADA CT P.O. BOX 681 GULF BREEZE FL 32562 US			Mailing Address 974 AQUAMARINE DRIVE P.O. BOX 681 GULF BREEZE FL 32562 US		
2. Principal Place of Business 2815 VENETIAN GDN Suite, Apt. #, etc. PO BOX 681		3. Mailing Address Suite, Apt. #, etc.			
City & State GULF BREEZE FL		City & State			
Zip 32562	Country USA	Zip	Country	4. FEI Number 59-2355758	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRAYBILL, RICHARD 996 CORONADO CT GULF BREEZE FL 32563			7. Name and Address of New Registered Agent Name GEORGE D. EDLUND, JR Street Address (P.O. Box Number is Not Acceptable) 2815 VENETIAN GDN City GULF BREEZE FL Zip Code 32563		
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  TD 10 APR 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAYBILL, RICHARD 996 CORONADA CT GULF BREEZE FL 32563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDLUND, GEORGE JR. 2815 VENETIAN GDN GULF BREEZE FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROVOSTY, MICHELO JR 953 AQUAMARINE DRIVE GULF BREEZE FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OHL, ELIZABETH 2789 VENETIAN WAY GULF BREEZE FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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:  **10 APR 06** **850 932 0138**