

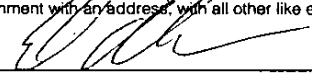


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90144 016 \*\*\*\*61.25

<b>DOCUMENT # 739309</b> 1. Entity Name <b>RESORT VILLAS CONDOMINIUM ASSOCIATION NO. 1, INC.</b>					
Principal Place of Business <del>2115 SE OCEAN BLVD</del> <b>STUART, FL 34996 US</b>			Mailing Address <del>2115 SE OCEAN BLVD</del> <b>STUART, FL 34996 US</b>		
2. Principal Place of Business <i>2177 SE Ocean</i>		3. Mailing Address <i>2177 SE Ocean</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1796263</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KAZMIER, TIMOTHY D</b> <del>2115 SE OCEAN BLVD</del> <b>STUART, FL 34996</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2177 SE Ocean</i> City <b>FL</b> 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					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CROOT, DARRYL</b>		NAME		
STREET ADDRESS	<del>2115 SE OCEAN BLVD</del>		STREET ADDRESS	<i>2177 SE Ocean</i>	
CITY-ST-ZIP	<b>STUART, FL 34996</b>		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHINAGLE, ALAN</b>		NAME		
STREET ADDRESS	<b>2115 SE OCEAN BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>STUART, FL 34996</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SQUADRITO, JOE</b>		NAME		
STREET ADDRESS	<del>2115 SE OCEAN BLVD</del>		STREET ADDRESS	<i>2177 SE Ocean Blvd</i>	
CITY-ST-ZIP	<b>STUART, FL 34996</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VIAPIANA, VALERIE</b>		NAME		
STREET ADDRESS	<del>2115 SE OCEAN BLVD</del>		STREET ADDRESS	<i>2177 SE Ocean</i>	
CITY-ST-ZIP	<b>STUART, FL 34996</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OHLSON, EDARD</b>		NAME		
STREET ADDRESS	<del>2115 SE OCEAN</del>		STREET ADDRESS	<i>2177 SE Ocean</i>	
CITY-ST-ZIP	<b>STUART, FL 34996</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>D CHARLES GUCCIA RDO</b>	
STREET ADDRESS			STREET ADDRESS	<i>2177 SE Ocean</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>STUART FLORIDA 34996</b>	
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.					
<b>SIGNATURE:</b> 			Date <b>4/26/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					