


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90360 042 ****61.25

DOCUMENT # 742698 1. Entity Name VERSAILLES OWNERS ASSOCIATION, INC.																																																																																																																	
Principal Place of Business 605 S GULFSTREAM AVE. SARASOTA, FL 34236			Mailing Address 605 S GULFSTREAM AVE. SARASOTA, FL 34236																																																																																																														
2. Principal Place of Business			3. Mailing Address																																																																																																														
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip		Country		Zip																																																																																																													
				Country																																																																																																													
4. FEI Number 59-1890648				Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent ABEL, HARVEY J 240 S. PINEAPPLE AVENUE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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 reappointing)</small> <div style="text-align: right;"><small>DATE</small></div>																																																																																																																	
Filing 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																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOWY, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>605 GULFSTREAM AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HICKS, BOBBI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>605 GULFSTREAM AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARDELLIO, KRISTY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>605 GULFSTREAM AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SPIVEY, DON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>605 S GULFSTREAM AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MAL</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCARTHUR, BRIAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>605 WILD TURKEY LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">S</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gurley, David</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>535 S. Palm Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Sarasota, FL 34236</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	LOWY, SUSAN		STREET ADDRESS	605 GULFSTREAM AVE.		CITY-ST-ZIP	SARASOTA, FL 34236		TITLE	TD	<input type="checkbox"/> Delete	NAME	HICKS, BOBBI		STREET ADDRESS	605 GULFSTREAM AVE.		CITY-ST-ZIP	SARASOTA, FL 34236		TITLE	VP	<input type="checkbox"/> Delete	NAME	CARDELLIO, KRISTY		STREET ADDRESS	605 GULFSTREAM AVE.		CITY-ST-ZIP	SARASOTA, FL 34236		TITLE	S	<input checked="" type="checkbox"/> Delete	NAME	SPIVEY, DON		STREET ADDRESS	605 S GULFSTREAM AVE		CITY-ST-ZIP	SARASOTA, FL 34236		TITLE	MAL	<input type="checkbox"/> Delete	NAME	MCARTHUR, BRIAN		STREET ADDRESS	605 WILD TURKEY LANE		CITY-ST-ZIP	SARASOTA, FL 34236		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Gurley, David		STREET ADDRESS	535 S. Palm Ave		CITY-ST-ZIP	Sarasota, FL 34236		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																															
NAME	LOWY, SUSAN																																																																																																																
STREET ADDRESS	605 GULFSTREAM AVE.																																																																																																																
CITY-ST-ZIP	SARASOTA, FL 34236																																																																																																																
TITLE	TD	<input type="checkbox"/> Delete																																																																																																															
NAME	HICKS, BOBBI																																																																																																																
STREET ADDRESS	605 GULFSTREAM AVE.																																																																																																																
CITY-ST-ZIP	SARASOTA, FL 34236																																																																																																																
TITLE	VP	<input type="checkbox"/> Delete																																																																																																															
NAME	CARDELLIO, KRISTY																																																																																																																
STREET ADDRESS	605 GULFSTREAM AVE.																																																																																																																
CITY-ST-ZIP	SARASOTA, FL 34236																																																																																																																
TITLE	S	<input checked="" type="checkbox"/> Delete																																																																																																															
NAME	SPIVEY, DON																																																																																																																
STREET ADDRESS	605 S GULFSTREAM AVE																																																																																																																
CITY-ST-ZIP	SARASOTA, FL 34236																																																																																																																
TITLE	MAL	<input type="checkbox"/> Delete																																																																																																															
NAME	MCARTHUR, BRIAN																																																																																																																
STREET ADDRESS	605 WILD TURKEY LANE																																																																																																																
CITY-ST-ZIP	SARASOTA, FL 34236																																																																																																																
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																															
NAME	Gurley, David																																																																																																																
STREET ADDRESS	535 S. Palm Ave																																																																																																																
CITY-ST-ZIP	Sarasota, FL 34236																																																																																																																
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Susan Lowy</u> 4-14-06 941-755-0237 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																	