


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90073 050 ****61.25

DOCUMENT # 747507 1. Entity Name VILLAS ON THE GULF CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1625 BULEVAR MAYOR OFFICE PENSACOLA BCH, FL 32561	Mailing Address PO BOX 787 GULF BREEZE, FL 32561
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DO NOT WRITE IN THIS SPACE

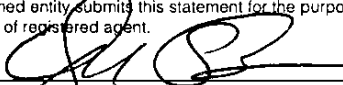


01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1956416	<input type="checkbox"/> Applied For <input checked="" 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 BROWN, TONY 1095 COMMONWEALTH ROAD PENSACOLA, FL 32504

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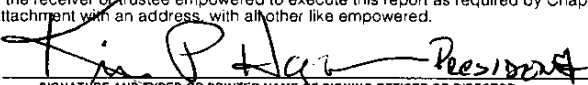
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Registered Agent <u>1-16-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELETE WILLIAM BULLATE 2963 BAY STREET GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELETE J-4 KEITH RAINES RIGGIN, PATRICK 107 DICKER DRIVE WEST MONROE, LA 71291 PENSACOLA BEACH FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOGAN, KIM 1625 BULEVAR MAYOR F-1 PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CYWANOWICZ, EILEEN 1625 BULEVAR MANOR K-5 PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAT MCCABE J-9 1625 BULEVAR MAYOR PENSACOLA BEACH FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALAN HORKY K-8 1625 BULEVAR MAYOR PENSACOLA BEACH FL 32561

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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: 	President <u>1-16-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>