


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-08-2005 90050 024 ****61.25
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DOCUMENT # 748980			
1. Entity Name VILLA DEL RIO HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY, FL 34668 US		Mailing Address 10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY, FL 34668 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03212005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1971480		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUALIFIED PROPERTY MGMT INC 10730 U.S. HIGHWAY 19 SUITE 17 PORT RICHEY, FL 34668		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	PB <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, FRANK	NAME	
STREET ADDRESS	4213 LAPASIDA LANE	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARESE, JOHN	NAME	Ferguson, Sam
STREET ADDRESS	4020 CASA DEL SOL WAY	STREET ADDRESS	9331 Villa Entrada
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP	New Port Richey, FL
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PESGOD, ANNA	NAME	Papa, Bob
STREET ADDRESS	8243 JUN-GOURT	STREET ADDRESS	3988 Vizcaya Lane
CITY-ST-ZIP	NEW PORT RICHEY, FL 34668	CITY-ST-ZIP	New Port Richey, FL
TITLE	SD <input type="checkbox"/> Delete	TITLE	
NAME	NICHOLS, ARTHA	NAME	
STREET ADDRESS	4147 LAPASIDA LANE	STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	TUNGET, LEE	NAME	
STREET ADDRESS	4115 LAPASIDA LANE	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	CANCELLO, SALVATORE	NAME	
STREET ADDRESS	9317 SANTA MONICA WAY	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34668	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Anna Gracie Krakowski</u> <u>ANNA GRACIE KRAKOWSKI 4-4-05</u>			

FILED
05 MAY -4 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
9:30 AM - 5:00 PM



ATTACHMENT

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40050327

DOCUMENT #748980

VILLA DEL RIO HOMEOWNERS ASSOCIATION, INC.

TD Addition
Krokowski, Annagrace
4139 LaPasida Lane
New Port Richey, FL

D Addition
Smith, Clint
9233 Zuni Court
New Port Richey, FL

D Addition
Rorabaugh, Martha
9221 Keyes Place
New Port Richey, FL