


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-22-2007 90007 013 ****61.25

DOCUMENT # 752802	
1. Entity Name VACATION VILLAS ASSOCIATION, INC.	

Principal Place of Business 3795 VACATION VILLAS LANE TITUSVILLE, FL 32780 US	Mailing Address 3795 VACATION VILLAS LANE TITUSVILLE, FL 32780 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02232007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent SCOTT, JO 3795 VACATION VILLAS LANE TITUSVILLE, FL 32780	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code
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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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D SCOTT, WILLIAM JOSEPH 3795 VACATION VILLAS LANE TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCOTT, WILLIAM JOSEPH 3795 VACATION VILLAS LANE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HERCULES, DOUGLAS 5040 WALTON AVE TITUSVILLE, FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D MILLER, T.C. 5416 N. 134TH AVE. OMAHA, NE. 68164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GRZYWA, RICH 820 AUBURN LANE PAPILLION, NE 68046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S/A GRZYWA, RICH 820 AUBURN LANE PAPILLION, NE. 68046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, T C 11213 BEAU CLAIRE BLVD FREDERICKSBURG, VA 22408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D COX, DAVID P.O. BOX 2958 GAINESVILLE, FL 32602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D COX, DAVID P.O. BOX 2958 GAINESVILLE, FL 32602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition A AGAPIE, DON R. JR. 19078 STATE RD. #1 LAWRENCEBURG, INDIANA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *William Joseph Scott* **WILLIAM JOSEPH SCOTT** **3-20-07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #