

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752961

FILED  
Mar 15, 2006  
Secretary of State

**Entity Name:** THE VILLAS OF ORLANDO, INC.

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number:** 59-2026280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT, INC.  
2180 W SR 434 STE. 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MILEWSKI, AILEEN  
Address: 525 S. CONWAY RD. #139  
City-St-Zip: ORLANDO, FL 32807

Title: VPD ( ) Delete  
Name: SZABO, ALBERT  
Address: 525 S CONWAY RD #221  
City-St-Zip: ORLANDO, FL 32803

Title: SD ( ) Delete  
Name: SKELLEY, THOMAS  
Address: 525 S. CONWAY RD. #230  
City-St-Zip: ORLANDO, FL 32807

Title: TD ( ) Delete  
Name: IVY, SCOTT J  
Address: 525 S. CONWAY RD. #203  
City-St-Zip: ORLANDO, FL 32807

Title: D ( ) Delete  
Name: BENNETT, TINA  
Address: 525 S. CONWAY RD. #30  
City-St-Zip: ORLANDO, FL 32807

Title: D ( ) Delete  
Name: ARBONA, MERCEDES  
Address: 525 S CONWAY RD #105  
City-St-Zip: ORLANDO, FL 32807

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AILEEN MILEWSKI

PD

03/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date