

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90201 006 ****61.25

DOCUMENT # 752961

1. Entity Name
THE VILLAS OF ORLANDO, INC.



Principal Place of Business
**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US**

Mailing Address
**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US**

40086171



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2026280

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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. ☐

\$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 PD ☐ Delete
NAME MILEWSKI, AILEEN
STREET ADDRESS 525 S. CONWAY RD. #139
CITY-ST-ZIP ORLANDO, FL 32807

TITLE D ☐ Change ☒ Addition
NAME BENNETT, WILLIS
STREET ADDRESS 525 S CONWAY RD #137
CITY-ST-ZIP ORLANDO FL 32807

TITLE VPD ☐ Delete
NAME SZABO, ALBERT
STREET ADDRESS 525 S CONWAY RD #221
CITY-ST-ZIP ORLANDO, FL 32803

TITLE D ☐ Change ☒ Addition
NAME DAVIS, PAMELA
STREET ADDRESS 525 S CONWAY RD #147
CITY-ST-ZIP ORLANDO FL 32807

TITLE SD ☐ Delete
NAME SKELLEY, THOMAS
STREET ADDRESS 525 S. CONWAY RD. #230
CITY-ST-ZIP ORLANDO, FL 32807

TITLE D ☐ Change ☒ Addition
NAME LUKE, BENJAMIN
STREET ADDRESS 525 S CONWAY RD #97
CITY-ST-ZIP ORLANDO FL 32807

TITLE TD ☐ Delete
NAME IVY, SCOTT J
STREET ADDRESS 525 S. CONWAY RD. #203
CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BENNETT, TINA
STREET ADDRESS 525 S. CONWAY RD. #30
CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ARBONA, MERCEDES
STREET ADDRESS 525 S CONWAY RD #105
CITY-ST-ZIP ORLANDO, FL 32807

TITLE ☐ Change ☐ 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:

Aileen Milewski, Board President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/07

Daytime Phone #