

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754658

FILED  
Mar 09, 2006  
Secretary of State

Entity Name: LAVILLA CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

% SORENSON REALTY  
4306 DEL PRADO BOULEVARD, SOUTH  
CAPE CORAL, FL 33904 US

## New Principal Place of Business:

LAVILLA CONDOMINIUM ASSOCIATION, INC.  
4508 SANTA BARBARA BOULEVARD, S  
CAPE CORAL, FL 33904 US

## Current Mailing Address:

% SORENSON REALTY  
4306 DEL PRADO BOULEVARD, SOUTH  
CAPE CORAL, FL 33904 US

## New Mailing Address:

FEI Number: 59-2266154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SORENSON REALTY, INC.  
ATTN: CATHY SORENSON  
4306 DEL PRADO BOULEVARD, SOUTH  
CAPE CORAL, FL 33904 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: DP ( ) Delete  
Name: PANNO, DOMENIC  
Address: 4508 SANTA BARBARA BLVD #103  
City-St-Zip: CAPE CORAL, FL 33904

Title: DV ( ) Delete  
Name: ERRICO, GERRY  
Address: 1020 SW 56TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: DST ( ) Delete  
Name: LUBY, MIRIAM  
Address: 4508 SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: BAXTER, JAMES  
Address: 4508 SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 33904

Title: DV (X) Change ( ) Addition  
Name: PANNO, DOMENIC  
Address: 4508 SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 33904

Title: DST (X) Change ( ) Addition  
Name: CAPRIANO, PATRICIA  
Address: 4508 SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 33904

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: JAMES BAXTER

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03/09/2006

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

\_\_\_\_\_  
Date