

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90312 036 ****61.25



DOCUMENT # 759352
1. Entity Name
MICHELLE VILLAS OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
5190 26TH STR W 5190 26TH STR W
STE J STE J
BRADENTON FL 34207 BRADENTON FL 34207
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)
4. FEI Number **59-2264496** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required



6. Name and Address of Current Registered Agent
MATTHEWS, TERENCE
5209 26TH STREET WEST
BRADENTON, FL 34207

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	SLACK, NORMAN	
STREET ADDRESS	2814 48TH AVE DR W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	NORRIS, DELMA	
STREET ADDRESS	2703 48TH AVE. DR. W.	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MITTERANDO, ANGELO	
STREET ADDRESS	62 PORTLAND RD	
CITY-ST-ZIP	HIGHLAND NJ 07732	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TERZUOLE, SAMUEL J	
STREET ADDRESS	6809 74TH ST CIR E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HALLER, EDWARD	
STREET ADDRESS	208 18TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, DEBORAH A.	
STREET ADDRESS	4480 FAIRLANE DR.	
CITY-ST-ZIP	OKemos, MI 48864	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *Edward A. Walker* PRES. 4-20-06 (941) 746-7792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #