


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90474 034 \*\*\*\*61.25

<b>DOCUMENT # 760631</b> 1. Entity Name <b>CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 13309 WINDING OAK CT. B TAMPA, FL 33612 US			Mailing Address 218 E BEARSS AVE PMB 241 TAMPA, FL 33613-1625 US		
2. Principal Place of Business <b>218 E. BEARSS AVE</b> Suite, Apt. #, etc. <b># 241</b>			3. Mailing Address  Suite, Apt. #, etc.		
City & State <b>TAMPA FL.</b>			City & State		
Zip <b>33613-1625</b>		Country <b>USA</b>		4. FEI Number <b>59-2868182</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent CONDOMINIUM ALLIANCE MGMT CORP 13309 WINDING OAK CT. TAMPA, FL 33612				7. Name and Address of New Registered Agent Name <b>CONDOMINIUM ALLIANCE MNGT. CORP.</b> Street Address (P.O. Box Number is Not Acceptable) <b>218 E. BEARSS AVE</b> <b># 241</b> City <b>TAMPA</b>	
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 <b>RAYMOND J. CRONIN</b> <b>PRESIDENT</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/24/06</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNDERWOOD, DON 23237 CLUB VILLAS DRIVE LAND O LAKES, FL 34639 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES NORMAN POTTIS II 23221 CLUB VILLAS DR LAND O LAKES, FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODCHILD, VERA 23309 CLUB VILLAS DR. LAND O LAKES, FL 34639 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILSON, SALLY 23315 CLUB VILLAS DRIVE LAND O LAKES, FL 34639 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC JOY HIXON 23233 CLUB VILLAS DR LAND O LAKES FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLET, DONNA 23217 CLUB VILLAS DRIVE LAND O LAKES, FL 34632 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, ELIZABETH 23335 CLUB VILLAS DR LAND O LAKES, FL 34639 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Raymond J. Cronin</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/25/06</b> Daytime Phone # <b>813 935 6633</b>	