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

## **FILED** Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # 765846** 1. Entity Name VILLAS ON GOLDEN BEACH, INC. Principal Place of Business Mailing Address C/O FRANK EBETINO C/O STEWART BUSINESS SERV 800 GOLDEN BEACH BLVD. SOUTH 1224 RIDGEWOOD AVE VENICE FL 34285-3326 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2376237 Not Applican Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **STEWARTS** Street Address (P.O. Box Number is Not Acceptable) ATT: SANDRA R MACINTYRE 1224 RIDGEWOOD AVE VENICE FL 34292-1939 City 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 Signifigure, typed or priviled name of registered agent and lifte it applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State w the face OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D TiTLE ☐ Delete TITLE BECKER, ALLEN NAME NAME 800 GOLDEN BEACH BLVD STREET AUDRESS STREET ADDRESS \_\_\_\_U00000539922 U5/U9/U6-80118-00∰@4∞25 □ \*\*\*\* CITY - ST - ZIP VENICE FL 34285 CITY - ST-ZIP **VPD** TITLE ☐ Delete TITLE KURTZO, LAWRENCE MAME NAME 800 GOLDEN BEACH BLVD STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CHY-S1-7IP PD TITLE ☐ Delete TITLE ☐ Cµsuue Adole EBETINO, FRANK NAME NAME 800 GOLDEN BEACH BLVD STREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY - ST - ZIP CITY-SI-ZIP T\$ Delete TITLE Additio TITLE ☐ Change WOOD, LEUANNE MAME NAME 800 GOLDEN BEACH BLVD.S. STREET ADDRESS STREET ADDRESS VENICE FL CITY-ST-ZIP CITY-ST-ZIP AST TITLE ☐ Delete TITE F Change Change ☐ Addin MACINTYRE, SANDRA R NAME 1224 RIDGEWOOD AVE STREET ADDRESS STREET ADDRESS VENICE FL 34292 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addin. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: SANDRA K. MANNYA

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