

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90368 013 ***150.00

DOCUMENT # H26708

1. Entity Name
SOUTH FLORIDA VILLAS, INC.



Principal Place of Business
**5150 S FLORIDA AVE.
STE. 319
LAKELAND, FL 33813 US**

Mailing Address
**P O BOX 5078
LAKELAND, FL 33807 US**

40074143



2. Principal Place of Business
5150 S. Florida Ave.

3. Mailing Address

Suite, Apt. #, etc.
Ste. 319

Suite, Apt. #, etc.

04292006 Chg-P CR2E034 (11/05)

City & State
Lakeland, FL

City & State

4. FEI Number
59-2462683

Applied For
Not Applicable

Zip
33813

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**CHRITTON, CHARLES P.
225 E LEMON STREET
SUITE 300
LAKELAND, FL 33801**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **WENDEL, ALBERT G.**
STREET ADDRESS **5150 S FLORIDA AVENUE, SUITE 319**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☐ Delete
NAME **WENDEL, JOHN F.**
STREET ADDRESS **5150 S FLORIDA AVENUE, SUITE 300**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **D** ☐ Delete
NAME **MURPHY, MARKAM L**
STREET ADDRESS **46 LAVONIA BEACH DRIVE**
CITY-ST-ZIP **LAVONIA, GA 30553**

TITLE **D** ☐ Delete
NAME **WENDEL, ALBERT G.**
STREET ADDRESS **5150 S FLORIDA AVE., STE. 319**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT G. WENDEL

4/29/06

863/648-9626

Date

Daytime Phone #