# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005**
**Secretary of State**

DOCUMENT# K96961

**Entity Name:** THE VILLAS OF ST. PAUL, INC.

**Current Principal Place of Business:**

4787 W. IRLO BRONSON HWY
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

**Current Mailing Address:**

4787 W. IRLO BRONSON HWY
SUITE 103
KISSIMMEE, FL 34746 US

**New Mailing Address:**

**FEI Number: 65-0143249** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOKMENSUER, C YANKI ESQ
SMITH, MACKINNON, GREELEY, ETC
255 SOUTH ORANGE AVE SUITE 800
ORLANDO, FL 32801 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: SABO, FERNANDO
Address: 4787 WEST IRLO BRONSON HIGHWAY
City-St-Zip: KISSIMMEE, FL 34746

Title: VP ( ) Delete
Name: SABO, MIRIAM E
Address: 4787 WEST IRLO BRONSON HIGHWAY
City-St-Zip: KISSIMMEE, FL 34746

Title: ST ( ) Delete
Name: MATTINI, LINDA
Address: 4787 WEST IRLO BRONSON HIGHWAY
City-St-Zip: KISSIMMEE, FL 34746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA S. MATTINI TREA 05/02/2005

Electronic Signature of Signing Officer or Director Date