


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000000873 1. Entity Name LA COSTA VILLAS OF ORLANDO, INC.	
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Principal Place of Business 5861 LA COSTA DR ORLANDO, FL 32807	Mailing Address 5861 LA COSTA DR ORLANDO, FL 32807
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DO NOT WRITE IN THIS SPACE



05312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3696715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PAYNE, CHRIS
5861 LA COSTA DR
ORLANDO, FL 32807

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IN THIS SPACE**

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, TAMIE 5861 LA COSTA DR ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAYNE, CHRIS 5861 LA COSTA DR ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, JERILYN 5861 LA COSTA DR ORLANDO, FL 32807
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06/06/05-80001-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: CHRIS PAYNE **31/MAY/05 407 592 7614**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #