

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000004091

1. Entity Name
BISHOP GRADY VILLAS, INC.



Principal Place of Business

**401 BISHOP GRADY CT.
ST. CLOUD, FL 34769**

Mailing Address

**401 BISHOP GRADY CT.
ST. CLOUD, FL 34769**



07062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3598427

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROTHERS, LORI A
401 BISHOP GRADY CT.
ST. CLOUD, FL 34769**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**U00000769890
07/20/07-80008-023 70.00**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BISH WENSKI, THOMAS G 50 E. ROBINSON ST. ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES SHAUGHNESSY, KEVIN 200 SOUTH ORANGE AVE, STE. 2300 ORLANDO, FL 32802 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRINATI, CAROL 50 E. ROBINSON ST. ORLANDO, FL 32803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STOUP, ELIZABETH M 954 LEIGH AVE. ORLANDO, FL 32804 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEANS, RANDY 100 RIVERSIDE DR., #505 COCOA, FL 32922 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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:

Lori A. Brothers, Administrator
LORI A. BROTHERS, ADMINISTRATOR

7/6/07
Date

407-892-6078
Daytime Phone #