

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90061 042 \*\*\*\*70.00

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N03000007239					
1. Entity Name VILLAGE ON THE ISLE FOUNDATION, INC.					
Principal Place of Business 920 TAMiami TRAIL SOUTH VENICE, FL 34285			Mailing Address 920 TAMiami TRAIL SOUTH VENICE, FL 34285		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
01132006 Chg-NP CR2E037 (11/05)				4. FEI Number 20-0208798	
				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			7. Name and Address of New Registered Agent		
KELLY, THOMAS L 920 TAMiami TRAIL SOUTH VENICE, FL 34285			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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTLEY, MICHAEL		NAME		
STREET ADDRESS	101 W VENICE AVE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILLERICH, DONALD		NAME	5241 CAPE LEYTE DR	
STREET ADDRESS	5241 CAFE LETTE DRIVE		STREET ADDRESS	SARASOTA FL 34242	
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHIFES, SUSAN R		NAME	PHIPPS, SUSAN R	
STREET ADDRESS	1240 15 AVE N		STREET ADDRESS	772 BIRD BAY DR N #104	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <i>Susan R Phipps</i>		SUSAN R PHIPPS		941-486-5421	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SECRETARY-TREASURER		2/23/2006	
				Date	
				Daytime Phone #	