


# AMENDED 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000004844</b> 1. Entity Name VILLA MARIA OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1815 S. OSPREY AVE. SARASOTA, FL 34239	Mailing Address 1815 S. OSPREY AVE. SARASOTA, FL 34239
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED

06 OCT 23 AM 10:16

CLERK OF STATE  
TALLAHASSEE, FLORIDA



4. FEI Number 90-0178066	<input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAHL, MARGARET, <i>ROSEBAY REAL ESTATE INC.</i> 1815 S. OSPREY AVE. SARASOTA, FL 34239	7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 MARGARET L. DAHL *Margaret L. Dahl* 5/11/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ROSER, MARCO <input checked="" type="checkbox"/> Delete 5642 JASON LEE PL. SARASOTA, FL 34233	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LEO DESROCHERS 85 Barber Farm Rd. Mapleville, RI 02839
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> Delete KLEIN, REINHOLD 5642 JASON LEE PL. SARASOTA, FL 34233	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID VOZZOLO 2757 Blocker Place Falls Church, VA 22043
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete REGEL, ANDREA REDWOOD ST. SARASOTA, FL 34233	TITLE	SECRETARY/TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RALPH CITENO 4461 N. ASCOT CIR SARASOTA, FL 34235
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete _____	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete _____	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete _____	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____
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: Ralph R. Citeno *Ralph R. Citeno* 5-24-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #