


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

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000006690 1. Entity Name VILLAS OF FRANGISTA OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 75 COBIA ST DESTIN, FL 32541 US	Mailing Address 75 COBIA ST DESTIN, FL 32541 US
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02192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5678067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent PITTS, WILLIAM E 75 COBIA ST DESTIN, FL 32541
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**DO NOT WRITE
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 May 1, 2007**

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 PITTS, WILLIAM 75 COBIA ST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSHEE, MALONE 75 COBIA ST DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULUS, DANIEL C 4400 HARDING PIKE, SUITE 101 NASHVILLE, TN 372052218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, VICTOR S P O BOX 4877 SEASIDE, FL 324594877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/07-80029-016 61.25

**DO NOT WRITE
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:  **(WILLIAM E. PITTS)** 4-18-07 (850) 502-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #