

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Jul 04, 2006
Secretary of State**

DOCUMENT# N04000008063

Entity Name: VILLAGIO NEPTUNE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1835 DERBY GLEN DRIVE
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

1835 DERBY GLEN DRIVE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, RANDALL C
533 VERSAILLES DRIVE STE 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE: RANDALL C. SMITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FREIRE, ANA S
Address: 1835 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Delete
Name: FREIRE, ANA C
Address: 1835 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: DS (X) Delete
Name: NOBREGA, JOSE R
Address: 1835 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: DT (X) Delete
Name: FREIRE, ANA SIRIA
Address: 1835 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: FREIRE, ANA S
Address: 1835 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA S. FREIRE

P

07/04/2006

Electronic Signature of Signing Officer or Director

Date