

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90024 040 ****61.25

DOCUMENT # N04000008877

1. Entity Name
IL VILLAGIO COMMUNITY ASSOCIATION, INC.



Principal Place of Business
9745 TOUCHTON RD
JACKSONVILLE, FL 32246

Mailing Address
9745 TOUCHTON RD
JACKSONVILLE, FL 32246

50015561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005

Chg-NP

CR2E037 (10/03)

City & State

City & State

Orlando FL

4. FEI Number

20-1806403

Applied For

Not Applicable

Zip

Country

Zip

Country

32809 Orange

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HABER, ROBERT M
520 BRICKELL KEY DR STE O-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Leland Management

Street Address (P.O. Box Number is Not Acceptable)

8009 S Orange Ave

City

Orlando

FL

Zip Code

32809

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ORTEGA, JORGE
STREET ADDRESS 9745 TOUCHTON RD
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE VD ☐ Delete
NAME AVILA, EDUARDO
STREET ADDRESS 2601 S BAYSHORE DR STE 200
CITY-ST-ZIP MIAMI, FL 33133

TITLE STD ☐ Delete
NAME SISSEL, STEVE
STREET ADDRESS 9745 TOUCHTON RD
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME Cissel, Steve
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #