2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# N04000008879

Entity Name: IL VILLAGIO NEIGHBORHOOD I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9745 TOUCHTON RD
JACKSONVILLE, FL 32246

New Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 32809

Current Mailing Address:

8009 S. ORANGE AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-1862185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ORTEGA, JORGE
Address: 9745 TOUCHTON RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD ( ) Delete
Name: AVILA, EDUARDO
Address: 2601 S BAYSHORE DR STE 200
City-St-Zip: MIAMI, FL 33133

Title: STD ( ) Delete
Name: CISSEL, STEVE
Address: 9745 TOUCHTON RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MULLEE, DANA SULLIVAN
Address: 9745 TOUCHTON RD #3228
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD (X) Change ( ) Addition
Name: REASE, ADA
Address: 9745 TOUCHTON RD #2204
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD (X) Change ( ) Addition
Name: GREER, PATRICK LANE
Address: 9745 TOUCHTON RD #2022
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD ( ) Change (X) Addition
Name: WILSON, PATRICIA
Address: 9745 TOUCHTON RD #3103
City-St-Zip: JACKSONVILLE, FL 32246

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: DANA SULLIVAN MULEE PD 04/05/2007

Electronic Signature of Signing Officer or Director — Date