


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90177 041 \*\*\*\*61.25

<b>DOCUMENT # N04000009085</b>	
1. Entity Name <b>THE VILLAS AT FAIRLOOP RUN ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O TROPICAL ISLES 12734 KENWOOD LANE, SUITE 49 FT MYERS, FL 33907</b>	Mailing Address <b>C/O TROPICAL ISLES 12734 KENWOOD LANE, SUITE 49 FT MYERS, FL 33907</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40086310



04272006 Chg-NP CR2E037 (4/06)

4. FEI Number <b>51-0525189</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MYERS, FL 33901</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORENSON, ANDY</b>	NAME	
STREET ADDRESS	<b>10481 SIX MILE CYPRESS PKWY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS, FL 33912</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BENSON, STEVEN</b>	NAME	<b>Matt Devereaux</b>
STREET ADDRESS	<b>10481 SIX MILE CYPRESS PKWY</b>	STREET ADDRESS	<b>10481 Six Mile Cypress Pkwy</b>
CITY-ST-ZIP	<b>FT MYERS, FL 33912</b>	CITY-ST-ZIP	<b>FT MYERS, FL 33912</b>
TITLE	ASM <input checked="" type="checkbox"/> Delete	TITLE	ASM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROEDDING, DON</b>	NAME	<b>Mark Rudland</b>
STREET ADDRESS	<b>12734 KENWOOD LANE, SUITE 49</b>	STREET ADDRESS	<b>12734 Kenwood Lane, St 49</b>
CITY-ST-ZIP	<b>FT MYERS, FL 33907</b>	CITY-ST-ZIP	<b>FT MYERS, FL 33907</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGEN, JOHN</b>	NAME	
STREET ADDRESS	<b>10481 SIX MILE CYPRESS PKWY.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS, FL 33912</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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:**  **MARK RUDLAND** **4/27/06** **959-2999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #