

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90048 040 \*\*\*\*61.25

<b>DOCUMENT # N04000010363</b>					
<b>1. Entity Name</b> EUROPEAN VILLAGE COMMERCIAL CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 101 PALM HARBOR PKWY PALM COAST, FL 32137			<b>Mailing Address</b> POB 352627 PALM COAST, FL 32137		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02212007    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 20-1981038				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BELLAPIANTA, MARC 17 OLD KINGS RD N STE B PALM COAST, FL 32137			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MISZTAL, JERRY</b> <input type="checkbox"/> Delete 13 FARRADAY LN PALM COAST, FL 32137				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FERRENA, MARCELLA</b> <input checked="" type="checkbox"/> Delete 54 COLONIAL CT PALM COAST, FL 32137				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WINKLE, WILLIAM</b> <input checked="" type="checkbox"/> Delete 101 PALM HARBOR PKWY 135 PALM COAST, FL 32137				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Carollo, Anthony</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 101 Palm Harbor Pkwy. #113 Palm Coast, FL 32137				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Lass, Diane</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17 Lincoln Lane Palm Coast, FL 32137				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>Jerry Misztal, President 3/22/07(386)445-9282</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					