

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90030 047 ****61.25

DOCUMENT # N04000011006 1. Entity Name VILLAS ESCALANTE, INC.			
Principal Place of Business 290 FIFTH AVE. SOUTH NAPLES, FL 34102		Mailing Address 290 FIFTH AVE. SOUTH NAPLES, FL 34102	
2. Principal Place of Business - No P.O. Box # C/O Intergrated Property Mgmt Suite, Apt. #, etc. 3435 10th Street N. #201 Naples, FL Zip 34103		3. Mailing Address C/O Intergrated Property Mgmt Suite, Apt. #, etc. 3435 10th Street N. #201 Naples, FL Zip 34103	
4. FEI Number 75-3194154		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZORBALAS, SPIROS 290 FIFTH AVE. SOUTH NAPLES, FL 34102		7. Name and Address of New Registered Agent Name C/O Intergrated Property Mgmt. Street Address (P.O. Box Number is Not Acceptable) 3435 10th Street N. #201 City Naples, FL 33902 State 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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		J murphy <small>(NOTE: Registered Agent Signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZORBALAS, SPIROS 290 FIFTH AVE. SOUTH NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Boyle, James J. 250 5th Ave. South #201 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacobson, Scott 270 5th Ave. South H-2 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Ward, Whitney 280 5th Ave. South H-1 Naples, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-31-08 <small>Daytime Phone #</small>	