Jun 06 2005 12:09PM IL Villagio

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Jun 13, 2005 8:00 am
Secretary of State
05-03-2005 90081 036 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011317

1. Entity Name
IL VILLAGIO NEIGHBORHOOD III CONDOMINIUM ASSOCIATION, INC.

66022660

Principal Place of Business	Mailing Address
9745 TOUCHTON RD JACKSONVILLE, FL 32246	9745 TOUCHTON RD JACKSONVILLE, FL 32246

03032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
8009 S. Orange Ave Suite, Apt. #, etc.	8009 S. Orange Ave Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32809-6711 Country:	Zip: 32809-6711 Country:

4. FEI Number: 20-2368550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HABER, ROBERT M 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	Name: Leland Management Inc. Street Address (P.O. Box Number is Not Acceptable): 8009 S. Orange Ave. City: Orlando FL Zip Code: 32809-6711

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ORTEGA, JORGE 9745 TOUCHTON RD JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AVILA, EDUARDO 2601 S BAYSHORE DR STE 200 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SISSEL, STEVEN 9745 TOUCHTON RD JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 04/15/05 786-276-2908
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #