

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90078 041 ****61.25

DOCUMENT # N04000011659					
1. Entity Name VILLAGGIO TREVISIO VILLAS ASSOCIATION, INC.					
Principal Place of Business 948 WINDWARD WAY WESTON, FL 33327			Mailing Address 948 WINDWARD WAY WESTON, FL 33327		
2. Principal Place of Business 717 SE 13th St.			3. Mailing Address 717 S.E. 13th St.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Fort Lauderdale, FL			City & State Fort Lauderdale, FL		
Zip 33316		Country U.S.A.		4. FEI Number 75-3183033	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRI, FLAVIO 948 WINDWARD WAY WESTON, FL 33327			7. Name and Address of New Registered Agent Name: KRISTIE EATON Street Address (P.O. Box Number is Not Acceptable): 717 S.E. 13th Street City: Fort Lauderdale FL Zip Code: 33316		
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: <u>Kristie Eaton</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <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 DP	NAME FERRI, FLAVIO	<input checked="" type="checkbox"/> Delete	TITLE DP	NAME Kristie Eaton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 948 WINDWARD WAY	CITY-ST-ZIP WESTON, FL 33327		STREET ADDRESS 717 SE 13th St. Fort Lauderdale, FL	CITY-ST-ZIP 33316	
TITLE DST	NAME PERIM, REGINA	<input checked="" type="checkbox"/> Delete	TITLE DST	NAME Laura Levitsky	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 948 WINDWARD WAY	CITY-ST-ZIP WESTON, FL 33327		STREET ADDRESS 703 SE 13th St. Fort Lauderdale, FL	CITY-ST-ZIP 33316	
TITLE D	NAME SOEIRO, CECILIA	<input checked="" type="checkbox"/> Delete	TITLE D	NAME Jason Macri	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 948 WINDWARD WAY	CITY-ST-ZIP WESTON, FL 33327		STREET ADDRESS 713 SE 13th St. Fort Lauderdale, FL	CITY-ST-ZIP 33316	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
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: <u>Kristie Eaton</u>			Date: <u>2-24-05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		