

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011659

1. Entity Name
VILLAGGIO TREVISO VILLAS ASSOCIATION, INC.



Principal Place of Business
717 SE 13TH ST
FORT LAUDERDALE, FL 33316

Mailing Address
717 SE 13TH ST
FORT LAUDERDALE, FL 33316



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
75-3183033

☐ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EATON, KRISTIE
717 E 13TH STREET
FORT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
EATON, KRISTIE
717 SE 13TH ST
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
LEVITSKY, LAURA
703 SE 13TH ST
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACRI, JASON
7135 SE 13TH ST
FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Laura Levitsky* **LAURA LEVITSKY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 **1/12/06** *954-3186*
Date Daytime Phone #