2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N05000001750

Entity Name: VILLA CAPRI AT METROWEST ASSOCIATION, INC.

Current Principal Place of Business:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

Current Mailing Address:

3300 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

New Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

FEI Number: 20-3612497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, ERIC A
636. N.W. 6TH WAY
SUITE 250
LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 US

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.

SIGNATURE: THERESA SUTHERLAND 04/24/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: SELLERS, JEFF
Address: 7402 FIQUETTE RD.
City-St-Zip: WINDERMERE, FL 34786 US

Title: VD ( ) Change (X) Addition
Name: BRUNO, BOB
Address: 14213 PLEACH STREET
City-St-Zip: WINTERGARDEN, FL 34787 US

Title: SDTD ( ) Change (X) Addition
Name: BROWN, FRANCES
Address: 7402 FIQUETTE RD.
City-St-Zip: WINDERMERE, FL 34786 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF SELLERS PD 04/24/2006
Electronic Signature of Signing Officer or Director Date