

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001750

FILED
Apr 29, 2007
Secretary of State

Entity Name: VILLA CAPRI AT METROWEST ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 20-3612497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HILLARD, BOB
Address: 180033RD ST., BLDG. 1, STE. 100B
City-St-Zip: ORLANDO, FL 32835 US

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

Title: SDTD (X) Change () Addition
Name: BROWN, FRANCES
Address: 180033RD ST., BLDG. 1, STE. 100B
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify 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: BOB HILLARD

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date