

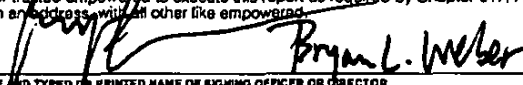


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90175 038 \*\*\*\*61.25

<b>DOCUMENT # N05000005057</b>			
1. Entity Name <b>VILLARIVA CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>5000 SAWGRASS VILLAGE CIRCLE SUITE ONE PONTE VEDRA BEACH, FL 33602</b>		Mailing Address <b>5000 SAWGRASS VILLAGE CIRCLE SUITE ONE PONTE VEDRA BEACH, FL 33602</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent <b>LITTLE, THOMAS M 100 NORTH TAMPA STREET SUITE 2700 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name <b>WILLIAM VILLARIVA</b> Street Address (P.O. Box Number is Not Acceptable) <b>5455 US Highway 1A S.</b> City <b>ST. AUGUSTINE</b> FL <b>32080</b>	
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  (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 -- <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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, BRYAN L K 5000 SAWGRASS VILLAGE CIRCLE SUITE ONE PONTE VEDRA BEACH, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LESTER, DAVID 5000 SAWGRASS VILLAGE CIRCLE SUITE ONE PONTE VEDRA BEACH, FL 33602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILSON, HEATHER 5000 SAWGRASS VILLAGE CIRCLE SUITE ONE PONTE VEDRA BEACH, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Bryan L. Weber</b>		Date <b>3-6-06</b> Daytime Phone # <b>904-285-0228</b>	



ATTACHMENT

66006453

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2006

VILLARIVA CONDOMINIUM ASSOCIATION, INC.  
5000 SAWGRASS VILLAGE CIRCLE  
SUITE ONE  
PONTE VEDRA BEACH, FL 33602

Subject: VILLARIVA CONDOMINIUM ASSOCIATION, INC.

Reference Number: N05000005057

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION