## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009064

**FILED** Apr 05, 2007 Secretary of State

Entity Name: IL VILLAGIO NEIGHBORHOOD V CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

9745 TOUCHTON ROAD 8009 S ORANGE AVE JACKSONVILLE, FL 32246 ORLANDO, FL 32809

**Current Mailing Address: New Mailing Address:** 

8009 S ORANGE AVE ORLANDO, FL 32809

FEI Number: 20-3830818 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809 US

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete ORTEGA, JORGE SCHUPP, ROBERT W. Name: Name: 9745 TOUCHTON ROAD Address: 9745 TOUCHTON ROAD #2803 Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246

Title: VD ( ) Delete Title: (X) Change ( ) Addition

Name: AVILA, EDUARDO Name: CALLAHAN, RICHARD Address: 2601 SOUTH BAYSHORE DRIVE SUITE 200 Address: 9745 TOUCHTON RD #2901 City-St-Zip: MIAMI, FL 33133 City-St-Zip: JACKSONVILLE, FL 32246

Title: STD () Delete Title: (X) Change ( ) Addition

SISSEL, STEVEN Name: ZOOK, JASON P Name:

9745 TOUCHTON ROAD 9745 TOUCHTON ROAD #2704 Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246

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: ROBERT W. SCHUPP PD 04/05/2007