

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009824

1. Entity Name
VILLA DAVIDA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
27 DENNOCK LANE, SUITE 205
JUPITER, FL 33458

Mailing Address
27 DENNOCK LANE, SUITE 205
JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
11-3760187

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GOOGE, JR., HOWARD E
401 E. OSCEOLA STREET
STUART, FL 34994

**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, 2007**

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
FRANCAVILLA, EUGENE F
27 DENNOCK LANE, SUITE 205
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DAVID, MARK
27 DENNOCK LANE, SUITE 205
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WILLIAMS, GARNETT
27 DENNOCK LANE, SUITE 205
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KELLAR, LUCY ANN
27 PENNOCK LN, STE 205
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000763219
05/29/07-80048-001 61.25

**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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-07