2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State
05-03-2006 90441 001 ****61.25
05-03-2006 90441 002 ****70.00

DOCUMENT # N05000011100

1. Entity Name
VILLA LAGO OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10859 EMERALD COAST PARKWAY SUITE 4-430 DESTIN, FL 32550	10859 EMERALD COAST PARKWAY SUITE 4-430 DESTIN, FL 32550

2. Principal Place of Business	3. Mailing Address
9300 Emerald Coast Pkwy Suite, Apt. #, etc.	PO Box 6387 Suite, Apt. #, etc.
City & State: Miramar Beach, Fl	City & State: Miramar Beach, Fl
Zip: 32550 Country: USA	Zip: 32550 Country: USA

01272006 Chg-NP CR2E037 (11/05)

4. FEI Number: 55-0912980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNEESE, RICHARD S 36468 EMERALD COAST PARKWAY SUITE 1201 DESTIN, FL 32541	Name: Ben Slack Street Address (P.O. Box Number is Not Acceptable): 10859 Emerald Coast Parkway Suite 4-430 City: Destin FL Zip Code: 32550

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: Ben Slack President 4/25/06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP SLACK, BENJAMIN 10859 EMERALD COAST PARKWAY SUITE 4-430 DESTIN, FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PIERRE, LORI ST. 10859 EMERALD COAST PARKWAY SUITE 4-430 DESTIN, FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT COOK, LYNDA 10859 EMERALD COAST PARKWAY SUITE 4-430 DESTIN, FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Lynda Cook 4/25/06 850-699-9142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #

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Attachment

66019794

DOCUMENT # N05000011100

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[redacted]

04212006 Chg-NP CR2E037 (11/05)

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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SIGNATURE: _____ 4-26-06 850-654-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #