



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000003717		
1. Entity Name VILLA MILANO COMMUNITY ASSOCIATION, INC.		
Principal Place of Business 4214 MIDDLESEX PLACE SARASOTA, FL 34241		Mailing Address PO BOX 5829 SARASOTA, FL 34277 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STRONG, BENJAMIN I 4214 MIDDLESEX PLACE SARASOTA, FL 34241		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STRONG, BENJAMIN PO BOX 5829 SARASOTA, FL 34277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRITTON, ROBERT PO BOX 5829 SARASOTA, FL 34277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRONG, RICHARD L PO BOX 5829 SARASOTA, FL 34241	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  Robert C. Albritton		2/13/2008 541 320-4688
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4639683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000829675
02/26/08-80051-014 61.25

**DO NOT WRITE
IN THIS SPACE**