FILED
Mar 15, 2007 8:00 am
Secretary of State
02-26-2007 90066 030 ****61.25

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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000006277

1. Entity Name
CG VILLAS BUILDING I CONDOMINIUN ASSOCIATION, INC.

66005219

Principal Place of Business	Mailing Address
8390 CHAMPIONS GATE BLVD STE 100 CHAMPIONS GATE, FL 33896	8390 CHAMPIONS GATE BLVD STE 100 CHAMPIONS GATE, FL 33896

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. # etc | Suite, Apt. # etc

City & State | City & State

Zip | County | Zip | County

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5055649 | 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
POPE, NICHOLAS A 215 N EOLA DRIVE ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 changing) Date

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

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 MITZNER, IRA 4669 SOUTHWEST FREEWAY STE 700 HOUSTON, TX 77027	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FISCHER, JOHN 4669 SOUTHWEST FREEWAY STE 700 HOUSTON, TX 77027	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OT REICHER, MARC 8390 CHAMPIONS GATE BLVD STE 100 CHAMPIONS GATE, FL 33896	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHOUEY, YVONNE 8390 CHAMPIONS GATE BLVD STE 100 CHAMPIONS GATE, FL 33896	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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 empowerment.

SIGNATURE: Yvonne Shouey Yvonne Shouey 1-15-07 407-397-2500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #