


FILED  
May 30, 2008 8:00 am  
Secretary of State

05-01-2008 90241 030 \*\*\*\*61.25

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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<b>DOCUMENT # N07000000668</b>					
1. Entity Name <b>TREVISO AT VIZCAYA FALLS VILLA ASSOCIATION, INC.</b>					
Principal Place of Business <b>1601 FORUM PLACE SUITE 805 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>1601 FORUM PLACE SUITE 805 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-8164188</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GY CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500, EAST TOWER WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHOROST, AARON		NAME		
STREET ADDRESS	1601 FORUM PLACE, SUITE 805		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERNA, CRAIG A		NAME		
STREET ADDRESS	1601 FORUM PLACE, SUITE 805		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOLLER, KEVIN		NAME		
STREET ADDRESS	1601 FORUM PLACE, SUITE 805		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	President Honas Dir.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Joseph Pease		NAME		
STREET ADDRESS	1601 Forum Place, Suite 805		STREET ADDRESS		
CITY-ST-ZIP	West Palm Beach FL 33401		CITY-ST-ZIP		
TITLE	Sr. Proj Mgr.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	George Fingulin		NAME		
STREET ADDRESS	1601 Forum Place, Suite 805		STREET ADDRESS		
CITY-ST-ZIP	West Palm Beach FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			4.30.08 772 468 4703		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		