


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90209 009 ****61.25

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # N13340 1. Entity Name VILLA CAPRI HOMEOWNERS' ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 621 VIA MILANO CIR APOPKA, FL 32712 US | | | Mailing Address 621 VIA MILANO CIR APOPKA, FL 32712 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04032006 Chg-NP CR2E037 (11/05) | |
| Zip | | Country | | 4. FEI Number 59-2874642 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| NEWTON, DON 621 VIA MILANO CIR APOPKA, FL 32712 | | | Name <i>Donald R. Newton</i> | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) <i>621 Via MILANO Cir</i> | | |
| | | | City <i>Apopka</i> | | |
| | | | State FL | | Zip Code <i>32712</i> |
| 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 <i>X Donald R. Newton</i> | | | | DATE <i>4-17-06</i> | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | D WILLIAMSON, DEL 630 VIA MILANO CIR. APOPKA, FL 32712 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>PD Stephen Lareau</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>770 Via Milano Cir</i> <i>Apopka, FL 32712</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PATAT, JULIA 640 VIA MILANO CIR APOPKA, FL 32712 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>SD Sharon Thornton</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>720 Via Milano Cir</i> <i>Apopka, FL 32712</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FIELD, HENRY 2014 VIA ADANO COURT APOPKA, FL 32712 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>D Andrew D'Amico</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>716 Via Milano Cir</i> <i>Apopka, FL 32712</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NEWTON, DON 621 VIA MILANO CIR APOPKA, FL 32712 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BERGH, JACK 724 VIA MILANO CIR APOPKA, FL 32712 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>D Gable, Don</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>661 Via Milano Cir</i> <i>Apopka, FL 32712</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowered. | | | | | |
| SIGNATURE: <i>Donald R. Newton</i> | | | Date <i>4/03/06</i> | | Daytime Phone # <i>407-880-4218</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |