


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N17665 1. Entity Name VIRMILLION ESTATES HOME OWNERS ASSOCIATION INCORPORATED	
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Principal Place of Business P.O. BOX 904 SUMMERFIELD, FL 34492-0904 US	Mailing Address P.O. BOX 904 SUMMERFIELD, FL 34492-0904 US
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2897218	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 MITCHELL, MATTHEW 2925 SE 156TH PLACE ROAD SUMMERFIELD, FL 34491
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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 _____ 3-9-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE

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	1100100456034 03/22/06-R0059-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MITCHELL, MATTHEW 2925 SE 156TH PLACE ROAD SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, JACQUELINE 2925 SE 156TH PLACE ROAD SUMMERFIELD, FL 34491
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ 3-12-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #