

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19524

FILED
Apr 26, 2005
Secretary of State

Entity Name: VILLA CALESA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6015 MORROW STREET, EAST
SUITE 107
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6015 MORROW STREET, EAST
SUITE 107
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-2407325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, RAYMUND
6015 MORROW STREET EAST, SUITE 107
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

BANNING MANAGEMENT INC
6015 MORROW STREET EAST, SUITE 107
JACKSONVILLE, FL 32217 US

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.

SIGNATURE: BANNING MANAGEMENT INC

04/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTS, MARY
Address: 4020 LA VISTA CIRCLE, #212
City-St-Zip: JACKSONVILLE, FL

Title: VPD () Delete
Name: FRISCH, PAT
Address: 4020 LA VISTA CIR #205
City-St-Zip: JACKSONVILLE, FL 32217

Title: STD () Delete
Name: GEIST, ANITA
Address: 4020 LA VISTA CIR #211
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: DOOLEY, ANNA
Address: 4020 LA VISTA CIR #210
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY MARTS

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date