

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90036 001 ****61.25

DOCUMENT # N22104
 1. Entity Name
 VILLA MANOR ASSOCIATION, INC.



Principal Place of Business
 26485 RAMPART BOULEVARD, BOX C
 PT. CHARLOTTE, FL 33983

Mailing Address
 6025 TAYLOR ROAD
 SUITE # 2
 PUNTA GORDA, FL 33950

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

40019200



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0064694

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAR HOSPITALITY MANAGEMENT
 6025 TAYLOR ROAD
 # 2
 PUNTA GORDA, FL 33950

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 _____ DATE _____
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, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	J	<input type="checkbox"/> Delete
NAME	GEER, EDWARD	
STREET ADDRESS	6 ROSEMONT CT	
CITY-ST-ZIP	HUMMELSTOWN, PA 17036	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BALLARD, JOSEPH	
STREET ADDRESS	2155 SAXONY CIRCLE, # 240A	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	S	<input type="checkbox"/> Delete
NAME	SUASE, KEVIN	
STREET ADDRESS	28044 LEYTE CT	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLSON, BRYAN	
STREET ADDRESS	26485 RAMPART BLVD, # D-2	
CITY-ST-ZIP	PUNTA GORDA, FL 33980	
TITLE	D	<input type="checkbox"/> Delete
NAME	MECCA, NICHOLAS	
STREET ADDRESS	14 MILL LANDING	
CITY-ST-ZIP	HEBRON, CT 06248	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRADBURY, LEE	
STREET ADDRESS	1583 ULHAMAUNE LANE	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Rapp	
STREET ADDRESS	26485 Rampart Blvd # A-23	
CITY-ST-ZIP	Punta Gorda, Fl. 33983	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Connors	
STREET ADDRESS	26485 Rampart Blvd # B22	
CITY-ST-ZIP	Punta Gorda, Fl. 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR