


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90053 026 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092008 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0064694				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="text-align: right;"> FL Zip Code </div>		
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 reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	GEER, EDWARD 6 ROSEMONT CT HUMMELSTOWN, PA 17036 <i>Director</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pat Connors 26485 RAMPART Blvd (treasurer) Punta Gorda 33980	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALLARD, JOSEPH 2155 SAXONY CIRCLE, # 240A PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve DeDominici 26485 RAMPART Blvd D-22 Punta Gorda 33980 (secretary)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUASE, KEVIN 26044 LEYTE CT PUNTA GORDA, FL 33983 <i>(VP)</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPP, FRANK 26485 RAMPART BLVD. # A- 23 PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MECCA, NICHOLAS 14 MILL LANDING HEBRON, CT 06248		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADBURY, LEE 1583 ULHAMAUNE LANE PUNTA GORDA, FL 33983 <i>PRESIDENT</i>		TITLE 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1-15-08 Daytime Phone #		