

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

**FILED  
Apr 03, 2006  
Secretary of State**

DOCUMENT# N23203

Entity Name: VILLA GLEN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

603-A S GLEN AVE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

603-A S GLEN AVE  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-2915215      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAYES, WILLIAM N  
603A S GLEN AVENUE  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TORINA, DONALD,  
Address: 603 S GLEN AVE UNIT B  
City-St-Zip: TAMPA, FL

Title: TD ( ) Delete  
Name: HAYES, WILLIAM N,  
Address: 603 S GLEN AVE UNIT A  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: TORINA, ELAINE,  
Address: 603 S GLEN AVE UNIT B  
City-St-Zip: TAMPA, FL

Title: D (X) Delete  
Name: ROBERTS, KRISTI  
Address: 603 SOUTH GLEN AVENUE UNIT D  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: WEIHE, MARY,  
Address: 603 S GLEN AVE  
City-St-Zip: TAMPA, FL 33609

Title: VPD (X) Change ( ) Addition  
Name: HAYES, ANN,  
Address: 603 S GLEN AVE UNIT A  
City-St-Zip: TAMPA, FL 33609

Title: SD (X) Change ( ) Addition  
Name: ROBERTS, KRISTI,  
Address: 603 S GLEN AVE UNIT D  
City-St-Zip: TAMPA, FL 33609

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 WEIHE

P

04/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date