


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

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N29896 1. Entity Name DEL SOL VILLAGE ASSOCIATION, INC.	
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Principal Place of Business % JAMES E. WINDING, PRESIDENT 5761 BEAURIVAGE AVE. SARASOTA, FL 34243 US	Mailing Address P.O. BOX 52602 SARASOTA, FL 34232
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01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0122437	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

**WINDING, JAMES E
5761 BEAURIVAGE AVE.
SARASOTA, FL 34243**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	000000413904 02/11/06-80013-010 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINDING, JAMES E 5761 BEAURIDGE AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROGGE, JOHN 4541 DEL SOL BLVD S SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOWELL, RICHARD 5782 BEAURIVAGE AVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIGATUO, MICHAEL 4493 DEL SOL BLVD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNODGRASS, JUDITH 5629 BEAURIVAGE AVE SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: James E. Winding **1-27-06 941-355-7888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #