

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90328 034 ****61.25

DOCUMENT # N32283 1. Entity Name CLUB VILLAS I PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 7092 PLACIDA ROAD CAPE HAZE, FL 33946			Mailing Address 7092 PLACIDA ROAD CAPE HAZE, FL 33946		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 65-0179551 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04142006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent TAYLOR, KEN CRAIG REMOUR 7092 PLACIDA RD CAPE HAZE, FL 33946			7. Name and Address of New Registered Agent Name CRAIG REMOUR Street Address (P.O. Box Number is Not Acceptable) 7092 PLACIDA RD. City CAPE HAZE, FL Zip Code 33946		
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 _____ Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, DAVID 1900 VIRGINIA AVENUE # 101 FORT MYERS, FL 33901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ohanian, Jack 6095 Twin Lakes Road Keystone Heights, FL 33656-9479	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGE HEYSON 183 BONDEN RD MIDDLETOWN, NJ 07748	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Miller, Lester 2111 W. Perry Street Ligonier, IN 46767	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLEISCHAUER, EMIL 402 LINWOOD AVE STEVENS PT, WI 54481	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Josenhanss, Ranier P.O. Box 760 Osprey, FL 34226	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, RON 1010-1 MONROE ROAD RR1 DWIGHT ONTARIO CANADA.	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Piche, Don 414 Birchwood Avenue Traverse City, MI 49689	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERMAN, CURT 10230 EVERGREEN HILL DRIVE TAMPA, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Merrion, David 4526 Lake Shore Court Brighton, IL 48116	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dellostritto, David 104 N. Marvine Avenue Auburn, NY 13021	☐ Change ☒ Addition
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: _____ CRAIG A. Remour 4-19-06 (941) 697-1970 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					