

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90247 030 \*\*\*\*70.00

**DOCUMENT # N40934**

1. Entity Name  
VILLA ASSUMPTA, INC.



Principal Place of Business  
2539 NE MISSION DRIVE  
STE 9-8  
JENSEN BEACH, FL 34957 US

Mailing Address  
C/O P.O. BOX 109650  
PALM BCH GARDENS, FL 33410 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
65-0233825

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZGERALD, J. PATRICK  
110 MERRICK WAY  
SUITE 3-B  
CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD ☐ Delete  
NAME MCMAHON, JOHN R. REV.  
STREET ADDRESS 370 S.W. THIRD STREET  
CITY-ST-ZIP BOCA RATON, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VSPD ☐ Delete  
NAME MURPHY, RICHARD  
STREET ADDRESS 1200 EAST 10TH STREET  
CITY-ST-ZIP STUART, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASTD ☐ Delete  
NAME MCGINLEY, KEVIN  
STREET ADDRESS 2240 PALM BEACH LAKES BLVD., STE. 103  
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME PAPES, ROBERT  
STREET ADDRESS 1190 DOLPHIN RD  
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME ZALOOM, BASIL  
STREET ADDRESS 9995 N MILITARY TRAIL  
CITY-ST-ZIP PALM BEACH GARDENS, FL

TITLE ☒ Change ☐ Addition  
NAME Hamel, Denis  
STREET ADDRESS 9995 N. Military Trail  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE S ☐ Delete  
NAME BILA, DR. THOMAS  
STREET ADDRESS 9995 N. MILITARY TRAIL  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ 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:**

*Thomas A. Bilo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/28/06 561 775-9561*

Date

Daytime Phone #