

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

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**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------------|
| TITLE | PD |
| NAME | MCMAHON, JOHN R. REV. |
| STREET ADDRESS | 370 S.W. THIRD STREET |
| CITY-ST-ZIP | BOCA RATON, FL |
| TITLE | VSPD |
| NAME | MURPHY, RICHARD |
| STREET ADDRESS | 1200 EAST 10TH STREET |
| CITY-ST-ZIP | STUART, FL |
| TITLE | ASTD |
| NAME | MCGINLEY, KEVIN |
| STREET ADDRESS | 2240 PALM BEACH LAKES BLVD., STE. 103 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33409 |
| TITLE | D |
| NAME | PAPE, ROBERT |
| STREET ADDRESS | 1190 DOLPHIN RD |
| CITY-ST-ZIP | RIVIERA BEACH, FL 33404 |
| TITLE | TD |
| NAME | HAMEL, DENIS |
| STREET ADDRESS | 9995 N MILITARY TRL |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | S |
| NAME | BILA, DR. THOMAS |
| STREET ADDRESS | 9995 N. MILITARY TRAIL |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |

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03/07/07-80051-011 70.00

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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:

Thomas B. Bile

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/07