

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

06-18-2007 90001 039 \*\*\*\*61.25

<b>DOCUMENT # N41159</b> 1. Entity Name <b>MONACO VILLAS AT KISSIMMEE BAY HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1759 ST TROPEZ COURT KISSIMMEE, FL 34744</b>		Mailing Address <b>1759 ST TROPEZ COURT KISSIMMEE, FL 34744</b>	
2. Principal Place of Business - No P.O. Box # <b>2884 S. Osceola Ave</b>		3. Mailing Address <b>2884 S. Osceola Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>	
Zip <b>32806</b>		Zip <b>32806</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>59-3066747</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name <b>World of Homes</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>2884 S. Osceola Ave</b>	
		City <b>Orlando, FL</b>	
		Zip Code <b>32806</b>	
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 <i>[Signature]</i>		SIGNATURE <i>Nicki Diaz</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		DATE	
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, PHILIP 1759 ST TROPEZ COURT KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RYDER, EARLE 1709 ST TROPEZ CT KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORAN, SANDY 1717 ST TROPEZ CT KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMIREZ, ARMANDO 1704 ST TROPEZ CT KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIARELLI, ANGELO 1757 ST TROPEZ CT KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 <i>[Signature]</i>		SIGNATURE <i>PHILIP WILLIAMS</i>	
Signature and typed or printed name of signing officer or director		Date	
		Daytime Phone #	

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