


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90449 030 \*\*\*\*61.25

<b>DOCUMENT # N94000005485</b>	
1. Entity Name <b>MARINA HOMES AT VILLAGES OF VILANO CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>3655 COASTAL HWY ST AUGUSTINE, FL 32095</b>	Mailing Address <b>461 A1A BEACH BLVD. ST AUGUSTINE, FL 32080 US</b>
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66015677



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3301153**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>JACOBS, PHILIP H JACOBS, JACOBS &amp; ASSOCIATES, INC. 461 A1A BEACH BLVD ST. AUGUSTINE, FL 32080</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 re-registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CROSSLEY, GORDON 320 VILLAGE DRIVE #C ST. AUGUSTINE, FL 32095 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOM ZAYORAL 1923 MT. PARAN RD ATLANTA, GA 30327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBERTS, MICHAEL 328 C VILLAGE DR SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete <i>Treasurer</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGEL, BRENT 4323 SW 78TH ST GAINESVILLE, FL 32605 <input type="checkbox"/> Delete <i>Director</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIPPE, SUSAN 10 PLACES WEST DR NW ATLANTA, GA 30327 <input type="checkbox"/> Delete <i>Secretary</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, TON 332 F VILLAGE DR SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete <i>President</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Michael Roberts* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_