


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-05-2007 90053 029 ****61.25

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DOCUMENT # N95000000424			
1. Entity Name W. V. COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 530 US 41 BYPASS SOUTH 18B VENICE, FL 34292		Mailing Address 530 US 41 BYPASS SOUTH 18B VENICE, FL 34292	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Capri Property Management</i>	
Suite, Apt. #, etc. <i>BID-B Pinebrook Rd.</i>		Suite, Apt. #, etc. <i>BID-B Pinebrook Rd.</i>	
City & State <i>Venice, FL</i>		City & State <i>Venice, FL</i>	
Zip <i>34285</i>		Zip <i>34285</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0555812		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE MANAGEMENT SERVICES 530 US 41 S BYPASS SUITE 18B VENICE, FL 34292		7. Name and Address of New Registered Agent Name <i>Capri Property Management Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>BID-B Pinebrook Rd.</i> City <i>Venice</i> FL Zip Code <i>34285</i>	
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>Debbie Green</i> DATE <i>1/25/07</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CHURCH, RICHARD 325 SUNSET LAKE BLVD VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD John Naylor 201 Silver Lake Dr. #106 VENICE, FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIANIN, LEONARD 722 SHAMROCK BLVD VENICE, FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACK, HOWARD 316 CLEARBREAK CIRCLE VENICE, FL 34292 <input type="checkbox"/> Delete	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
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
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: <i>Debbie Green</i> P.R.S.		3/1/07 941 412 0449	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	