

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90129 023 \*\*\*\*61.25

**DOCUMENT # N95000004650**

1. Entity Name  
**VILLAS DEL SOL CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**6101 CURRY FORD RD  
ORLANDO, FL 32822 US**

Mailing Address  
**4004 EDGEWATER DR  
ORLANDO, FL 32804 US**

**50029928**



2. Principal Place of Business

3. Mailing Address

**c/o OSS Association Mgt, Inc**

01202005 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**PO Box 5717**

City & State

City & State

**Winter Park, FL**

4. FEI Number  
**65-0611310**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**32793-5717 Orange**

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

**MARY RIVERA ASSET REALESTATE INC  
4004 EDGEWATER DR  
ORLANDO, FL 32804**

Name  
**William G Ferrara**  
Street Address (P.O. Box Number is Not Acceptable)  
**OSS Association Management, Inc**  
**753 S. Ranger Blvd**  
City  
**Winter Park** FL Zip Code  
**32792**

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

*William G Ferrara*

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, 2005**

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

TITLE PD ☐ Delete  
NAME FIGUEROA, LUIS  
STREET ADDRESS 1840 CARALEE BLVD #2  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE D ☐ Delete  
NAME BETONCOURT, GILMA  
STREET ADDRESS 3211 HOLIDAY AVE.  
CITY-ST-ZIP APOPKA, FL 32703

TITLE D ☐ Delete  
NAME GONZALEZ, EFREN  
STREET ADDRESS 7561 RIO PINOR LAKE BLVD.  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE D ☐ Delete  
NAME MARTIN, MARILU  
STREET ADDRESS 908 MALTBY AVE.  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE D ☐ Delete  
NAME CAMARINO, NICHOLAS  
STREET ADDRESS 1826 CARALEE BLVD.  
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Justin Fox Morgan  
STREET ADDRESS 1817-3 Caralee Blvd  
CITY-ST-ZIP Orlando, FL 32822

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

TITLE TD ☒ Change ☐ Addition  
NAME Delgado, Peter  
STREET ADDRESS 1864-2 Caralee Blvd  
CITY-ST-ZIP Orlando, FL 32822

TITLE SD ☒ Change ☐ Addition  
NAME Luz Fernandez  
STREET ADDRESS 149 Randia Drive  
CITY-ST-ZIP Orlando, FL 32807

TITLE D ☒ Change ☐ Addition  
NAME Cruz, Miguel  
STREET ADDRESS 1864-1 Caralee Blvd  
CITY-ST-ZIP Orlando, FL 32822

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 exemption stated in Section 119.07(3)(i), 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:

*Justin Fox Morgan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*16 March 2005* *407-340-4718*  
Date Daytime Phone #