

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2007
Secretary of State**

DOCUMENT# N96000002435

Entity Name: VILLAS AT ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

8009 S. ORANGE AVE
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-3550874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: PATTERSON, ROBERT
Address: 3204 QUEEN PALMS CT
City-St-Zip: KISSIMMEE, FL 34747

Title: SD () Delete
Name: HAYES, HILLARD
Address: P.O. BOX 471479
City-St-Zip: LAKE MONROE, FL 32747

Title: PD () Delete
Name: THALMANN, SCOTT
Address: 606 GREENWOOD
City-St-Zip: GLENVIEW, IL 60025

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MASLOV, FREYA
Address: 5819 W. KEENEY
City-St-Zip: MORTON GROVE, IL 60053

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HARTWEG, LARRY
Address: 8714-B RAIN FOREST PLACE
City-St-Zip: ORLANDO, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT THALMANN

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date