

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004058

1. Entity Name
VILLA SOCIN HOMEOWNERS, INC.



Principal Place of Business

% KENNETH S. GALES, JR.
931 ANTHONY LANE
FT WALTON BEACH, FL 32547-1595 US

Mailing Address

% KENNETH S. GALES, JR.
931 ANTHONY LANE
FT WALTON BEACH, FL 32547-1595 US



06292005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3391761

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GALES, KENNETH S JR.
931 ANTHONY LANE
FORT WALTON BEACH, FL 32547-1595

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IN THIS SPACE**

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

Kenneth S. Gales Jr.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

6/29/05
DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALES, CATHY
STREET ADDRESS	931 ANTHONY LN.
CITY-ST-ZIP	FT WALTON BEACH, FL
TITLE	SD
NAME	HILL, SHARON
STREET ADDRESS	925 VITA LANE
CITY-ST-ZIP	FT WALTON BCH, FL
TITLE	VPD
NAME	GALES, KENNETH S JR
STREET ADDRESS	931 ANTHONY LN.
CITY-ST-ZIP	FT WALTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/05/05-80017-004 70.00

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IN THIS SPACE**

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:

Kenneth S. Gales Jr.
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

6/29/05
Date

850-863-2857
Daytime Phone #