


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N96000004058</b> 1. Entity Name VILLA SOCIN HOMEOWNERS, INC.						FILED 05 OCT -7 PM 4:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business <b>STAN WILDERMUTH</b> Suite, Apt. #, etc. <b>942 CARLOS DRIVE</b> City & State <b>FT. WALTON BCH, FL.</b> Zip <b>32547</b>		3. Mailing Address <b>STAN WILDERMUTH</b> Suite, Apt. #, etc. <b>942 CARLOS DRIVE</b> City & State <b>FT. WALTON BCH, FL.</b> Zip <b>32547</b>		09272005 Chg-NP CR2E037 (10/03)		4. FEI Number <b>59-3391761</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GALES, KENNETH S JR. 931 ANTHONY LANE FORT WALTON BEACH, FL 32547-1595				7. Name and Address of New Registered Agent Name <b>STAN WILDERMUTH</b> Street Address (P.O. Box Number is Not Acceptable) <b>942 CARLOS DRIVE</b> City <b>FT. WALTON BCH.</b> FL Zip Code <b>32547</b>			
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 <u><i>Stan Wildermuth</i></u> <b>STAN WILDERMUTH</b> <u>10/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				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 GALES, CATHY 931 ANTHONY LN. FT WALTON BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT STAN WILDERMUTH 942 CARLOS DR. FT. WALTON BCH., FL 32547		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HILL, SHARON 925 VITA LANE FT WALTON BCH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT ED BABULA 924 VINCENT LN. FT. WALTON BCH., FL 32547		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GALES, KENNETH S JR 931 ANTHONY LN. FT WALTON BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY JOYCE WEBB 937 ANTHONY LN. FT. WALTON BCH., FL 32547		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center; font-size: 2em;">JR 10/10</div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER SUSIE VAUGHN 910 VINCENT LN. FT. WALTON BCH., FL 32547		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400060352384 10/07/05--01041--001 **70.00		
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 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: <u><i>Stan Wildermuth</i></u> <b>STAN WILDERMUTH</b> <u>10/4/05 (850) 428-5318</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							