


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90249 044 ****70.00

DOCUMENT # N97000005773							
1. Entity Name VILLA LAGO DEVELOPMENT, INC.							
Principal Place of Business 35801 SW 186 AVENUE FLORIDA CITY, FL 33034			Mailing Address PO BOX 343449 FLORIDA CITY, FL 33034				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 65-0801824				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WOLFE, LEON J C/O BERMAN WOLFE & RENNERT, P.A. 100 SOUTHEAST SECOND ST SUITE 3500 MIAMI, FL 33131-2130			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SEGOR, JOSEPH		NAME				
STREET ADDRESS	12815 SW 112 COURT		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JENSEN, ROBERT		NAME				
STREET ADDRESS	18640 SW 295 TERRACE		STREET ADDRESS				
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAINSTER, STEVEN		NAME				
STREET ADDRESS	PO BOX 343449 N/A		STREET ADDRESS				
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOGLAR, NORBERTO		NAME				
STREET ADDRESS	PO BOX 343449 N/A		STREET ADDRESS				
CITY-ST-ZIP	FLORIDA CITY, FL 33034		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: _____		_____		Date: 1/17/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			