

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 012 ****70.00



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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0801824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

WOLFE, LEON J
 C/O BERMAN WOLFE & RENNERT, P.A.
 100 SOUTHEAST SECOND ST SUITE 3500
 MIAMI FL 33131-2130

7. Name and Address of New Registered Agent

Name Amber & Amber
 Street Address (P.O. Box Number is Not Acceptable)
7731 SW 62nd Avenue, Suite 202
 City South Miami FL Zip Code 33143

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 [Signature] **HENRY M. AMBER** **PARTNER** **01/31/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY ST ZIP	VP SEGOR, JOSEPH 12815 SW 112 COURT MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T JENSEN, ROBERT 18640 SW 295 TERRACE HOMESTEAD FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	P MAINSTER, STEVEN PO BOX 343449 N/A FLORIDA CITY FL 33034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S JOGLAR, NORBERTO PO BOX 343449 N/A FLORIDA CITY FL 33034	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S MASTA PURBA PO BOX 343449 N/A FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D DOLORES ALDERISIO PO BOX 343449 N/A FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

APPROVAL NEEDED

1/23/07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature] **1/25/07** **(305) 245-7738**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #