



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90319 029 ****61.25

DOCUMENT # N98000006771						
1. Entity Name VILLEROY CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162006 Chg-NP CR2E037 (11/05)		
City & State		City & State		4. FEI Number 59-3551174		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
LAW OFFICES OF JAMES R. DE FURIO, P.A. 201 EAST KENNEDY BLVD SUITE 1460 TAMPA, FL 33602				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME FLINN, RUTH STREET ADDRESS 914 VILLEROY GREENS DR. CITY-ST-ZIP SUN CITY, FL 33573	<input type="checkbox"/> Delete			TITLE D NAME Flinn, Tom STREET ADDRESS 914 Villerooy Greens Dr. CITY-ST-ZIP Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME HOLGATE, RICHARD STREET ADDRESS 971 VILLEROY GREENS DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BARONE, VICTOR STREET ADDRESS 968 VILLEVOY GREENS DRIVE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SPENCER, RICHARD STREET ADDRESS 935 VILLERO GREENS DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NUNN, CAROL STREET ADDRESS 947 VILLEVOY GREENS DRIVE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TROMBETTA, ROBERT STREET ADDRESS 919 VILLEROY GREENS DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	<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 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: <u>Richard Holgate</u> <u>3-10-06</u>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						