

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000064

FILED
May 01, 2005
Secretary of State

Entity Name: VILLAS PARK LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1623 PARK LAKE STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1623 PARK LAKE STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3668961 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUOCCO, NICOLE
1623 PARK LAKE STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

WHITTEN, JODI M
1623 PARK LAKE STREET
ORLANDO, FL 32803 US

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.

SIGNATURE: JODI M WHITTEN

05/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUOCCO, NICOLE
Address: 1627 PARK LAKE ST
City-St-Zip: ORLANDO, FL 32803

Title: STD () Delete
Name: ALBANO, DENISE
Address: 1625 PARK LAKE STREET
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: FURKA, DIANE
Address: 1621 PARK LAKE STREET
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WHITTEN, JODI M
Address: 1627 PARK LAKE ST
City-St-Zip: ORLANDO, FL 32803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODI M WHITTEN

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date