2005 NOT-FOR-PROFIT CORPORATION Kingsmill Village Hon **ANNUAL REPORT**

DOCUMENT # N99000002569

1. Entity Name



FILED May 06, 2005 8:00 am Secretary of State

05-06-2005 90084 046 ****61.25

INC.	ILL VILLAGE HOMEOWNER	RS ASSOCIATION,							
C/O CASTLE MANAGEMENT, INC. C/O P.O. BOX 189013 P.O		Mailing Address C/O CASTLE MANAGEMEN P.O. BOX 189013 PLANTATION, FL 33318	/O CASTLE MANAGEMENT, INC. .O. BOX 189013		1 12 8 11 12 1 12 12 12		il a hi bika silia (F	1121 EL TOF	
Principal Place of Business 3. Mailing Address									
		C/O CASTLE GROUP	P		,,				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03082005 CI	ng-NP CR2E	037 (10/03)		
12270 SW 3RD STREET City & State		P.O. BOX 559009 City & State			4. FEI Number Applied For Applied For				
		FT. LAUDERDALE, F			65-0977953			ot Applicable ditional	
		33355-9009	355-9009		5. Certificate of Status Desired Fee Required				
	6. Name and Address of Current				7. Name and Add	ress of New Registered	d Agent		
MARTIN, ROBERT C ESQ				Name					
319 SE 14	TH ST		Street Address (P.O. Box Number is Not Acceptable)			Not Acceptable)			
FORT LAUDERDALE, FL 33316			1						
			City			F	L Zip Cod	е	
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, typed or printed name of registered agent a	and title if applicable. (NOTE: f	Registered Agent signati	ure required v	when reinstating)	DATE			
			mpaign Financing Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
		9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees				
10.		Trust Fund Co		⊔ ,	Added to Fees		artment of Si	tate	
10. TILE	Due by May 1, 2005	Trust Fund Co	ontribution.	⊔ ,	Added to Fees	Florida Depa	artment of Si	tate	
TITLE NAME	OFFICERS AND DIF VD PURVIS, WALTER	Trust Fund Co	ontribution. 11. TITLE NAME	⊔ ,	Added to Fees	Florida Depa	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS	OFFICERS AND DIF VD PURVIS, WALTER 7347 COOPERFIELD CIR	Trust Fund Co	ontribution. 11. TITLE NAME STREET ADDRESS	⊔ ,	Added to Fees	Florida Depa	DIRECTORS IN	10	
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Indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEAN INGELS-PRES

561-276-4500

Daytime Phone #