## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N99000004012 04-25-2005 90310 007 \*\*\*\*61.25 VILLAGIO HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 275 TONEY PENNA DRIVE 275 TONEY PENNA DRIVE AAA43024... JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number 65-0932435 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE SUNRISE COMPANIES Street Address (P.O. Box Number is Not Acceptable) 275 TONEY PENNA DRIVE # 7 JUPITER, FL 33458 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent signeture required when reinstation) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete TITLE ☐ Change Addition | TITLE SABATELLO, CARL NAME 5610 PGA BLVD., STE. 114 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition SABATELLO, MICHAEL NAME NAME 5610 PGA BLVD., STE. 114 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE SABATELLO, PAUL NAME 5610 PGA BLVD., STE. 114 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change ~ ☐ Addition ΠĮŢĒ m) F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ 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 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 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 addivise, with all other like empowered. SABATELLO SIGNATURE:

**FILED**