## **2006 NOT-FOR-PROFIT CORPORATION**

DOCUMENT # N99000004012

## **ANNUAL REPORT**

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

1. Entity Name VILLAGIO HOMEOWNERS ASSOCIATION, INC.								•	05-01-200	6 90328	015 ***	*61.25	
Principal Place of Business 275 TONEY PENNA DRIVE JUPITER, FL 33458			Mailing Address 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458				1 (18)	KRITO IRIO FRIN DRIN CI					
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04042006	Chg-NP				
City & State			City & State				4. FEI Number 65-0932435				Applied For Not Applicable		
Zip	Country			Zip Cou				5. Certificate of Status Desired			\$8.75 Additional Fee Required		
Name and Address of Current Registered Agent								7. Name and	Address of New	Registered	Agent		
THE SUN	RISE COM	PANIES				Name							
275 TONEY PENNA DRIVE # 7 JUPITER, FL 33458						Street Address (P.O. Box Number is Not Acceptable)							
						City	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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
	Filing Fee is \$61.25  Due by May 1, 2006  9. Election Ca Trust Fund							\$5.00 May B Added to Fees	0.00 May Be ded to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIR			ECTORS 11.					NGES TO OFFICE	RS AND DI	RECTORS	N 10	
TITLE					TITLE		TK!	25/08/7	RORG		Change	Addition	
NAME STREET ADDRESS					NAM	e Et address	1062	A PIAZ	BERGUT	ANA		Į.	
CITY-ST-ZIP	· ·					-ST-ZIP	WEST PAIM BOOK, FL 33412						
TITLE	STD Delete VIII.						VICE PRESIDENT DEChange Middlion						
NAME	SABATELLO, MICHAEL			NAME			Dans	Paul Fisen HAURA.					
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CITY-ST-ZIP					CITY-	ST-ZIP	-						
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 occurate and hat 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 of full-tee 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 in address, with all of let like empowered.													