2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000106746

1. Entity Name
FLORENCE VILLA LAKESMART, INC.

Principal Place of Business	Mailing Address
2950 SW 27TH AVE 200 MIAMI, FL 33133	2950 SW 27TH AVE 200 MIAMI, FL 33133

04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0803180
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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 _____ Lloyd J. Boggio
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. ☐ Election Campaign Financing Trust Fund Contribution. **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, VERMELL V
STREET ADDRESS	608 AVENUE S, N.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	TINSLEY, SERETHA S
STREET ADDRESS	1900 HAVENDALE BOULEVARD
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	COLSTON, PATSY A
STREET ADDRESS	826 WARE AVENUE
CITY-ST-ZIP	WINTER HAVEN, FL 33882
TITLE	D
NAME	STATON, JACQUALINE
STREET ADDRESS	P.O. BOX 3626
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	BURNHAM, PERRY
STREET ADDRESS	1109 11TH COURT NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D
NAME	ROBINSON, ELEASE
STREET ADDRESS	2240 5TH ST NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881

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05/17/07-80012-023 158.75

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 607, 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: _____ Lloyd J. Boggio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #