

**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 2950 SW 27TH AVE 200 MIAMI, FL 33133	Mailing Address 2950 SW 27TH AVE 200 MIAMI, FL 33133
--	--

DO NOT WRITE IN THIS SPACE



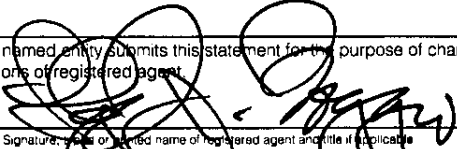
04182007 No Chg-P CR2E034 (11/05)

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**

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** (NOTE: Registered Agent signature required when reinstating) DATE

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

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

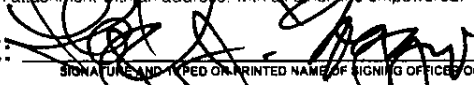
10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

U000000747092
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 persons empowered.

SIGNATURE:  **Lloyd J. Boggio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #