

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149479

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: FLORIDA INDEPENDENT VILLAS, INC.

## Current Principal Place of Business:

2787 PICADILLY CIRCLE  
KISSIMMEE, FL 34747

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 135185  
CLERMONT, FL 347135185

## New Mailing Address:

P.O. BOX 135185  
CLERMONT, FL 347135813

FEI Number: 20-0474096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCALARNEY, NANCY A  
102 PARK PLACE BLVD  
BLDG B, STE 3  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

MCALARNEY, NANCY A  
219 S. CLYDE AVENUE  
KISSIMMEE, FL 34741 US

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.

SIGNATURE: NANCY A. MCALARNEY

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, PETER  
Address: 2787 PICADILLY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34747

Title: V ( ) Delete  
Name: SMITH, SIMONE  
Address: 2787 PICADILLY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34747

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER SMITH

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date