


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90070 006 ***150.00

DOCUMENT # P05000081282	
1. Entity Name VILANO BEACH TOWN CENTER REALTY, INC.	

Principal Place of Business 155 VILANO ROAD ST. AUGUSTINE, FL 32084	Mailing Address P.O. BOX 649 SAINT AUGUSTINE, FL 32085
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 155 Vilano Rd Suite Office
City & State ST. Augustine FL	City & State ST. Augustine FL
Zip 32084	Country USA



04252007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BROWNING, VIVIAN C 40 BEACHCOMBER WAY SAINT AUGUSTINE, FL 32084	
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7. Name and Address of New Registered Agent Name BROWNING, Vivian C. Street Address (P.O. Box Number is Not Acceptable) 30 Beachcomber Way City St. Augustine FL Zip Code 32084	
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BROWNING, VIVIAN C 40 BEACHCOMBER WAY SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BROWNING, Vivian C 30 Beachcomber Way St. Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:  **4/27/2007 (904) 501-5891**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #