

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90202 044 ***150.00

DOCUMENT # P05000152503

1. Entity Name
THE VILLAGES OF MELBOURNE BEACH, INC.



Principal Place of Business
3095 HIGHWAY A1A
MELBOURNE BEACH, FL 32951 US

Mailing Address
3095 HIGHWAY A1A
MELBOURNE BEACH, FL 32951 US

40083131



2. Principal Place of Business - No P.O. Box #
95 Pine Tree Drive
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 510758
Suite, Apt. #, etc.

03062007 Chg-P CR2E034 (12/06)

City & State Indialantic, FL		City & State Melbourne Beach, FL		4. FEI Number 20-4725609	Applied For <input type="checkbox"/> Not Applicable
Zip 32903	Country USA	Zip 32951	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TOLLMANN, WILLIAM M 3095 HIGHWAY A1A MELBOURNE BEACH, FL 32951		7. Name and Address of New Registered Agent Name Tollmann, William M Street Address (P.O. Box Number is Not Acceptable) 95 Pine Tree Drive City Indialantic FL Zip Code 32903	
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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 **April 17, 2007**
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 PRES	<input type="checkbox"/> Delete	TITLE Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOLLMANN, WILLIAM M		NAME Tollmann, William M	
STREET ADDRESS 3095 HIGHWAY A1A		STREET ADDRESS 95 Pine Tree Drive	
CITY-ST-ZIP MELBOURNE BEACH, FL 32951		CITY-ST-ZIP Indialantic, FL 32903	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLIUS, HIU Y		NAME Millius, Hiu Y	
STREET ADDRESS 3095 HIGHWAY A1A		STREET ADDRESS 95 Pine Tree Drive	
CITY-ST-ZIP MELBOURNE BEACH, FL 32951		CITY-ST-ZIP Indialantic, FL 32903	
TITLE SECR	<input type="checkbox"/> Delete	TITLE Secr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP MELBOURNE BEACH, FL 32951		CITY-ST-ZIP Indialantic, FL 32903	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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 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: **William M. Tollmann** **April 17, 2007** **321-984-7543**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #