


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
 Mar 08, 2007 8:00 am
 Secretary of State

02-20-2007 90057 025 ***158.75

DOCUMENT # P06000022666
 1. Entity Name
 VILLA GRANDE ON SAXON, INC.



Principal Place of Business
 650 S. NORTHLAKE BLVD.
 SUITE 450
 ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
 650 S. NORTHLAKE BLVD.
 SUITE 450
 ALTAMONTE SPRINGS, FL 32701 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-4343681

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LECESE DEVELOPMENT CORPORATION
 650 S. NORTHLAKE BLVD.
 SUITE 450
 ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 \$350.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LECESE, SALVADOR F 650 S. NORTHLAKE BLVD.; SUITE 450 ALTAMONTE SPRINGS, FL 32701 <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	VP S GROSCH, FRANK K 650 S. NORTHLAKE BLVD.; SUITE 450 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Salvador F. Lecese 1-16-07 407-2645-3375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #