

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000031763

1. Entity Name
VILLAGE FALLS SEVEN, INC.



Principal Place of Business
**4997 TAMiami TRAIL EAST
NAPLES, FL 34113**

Mailing Address
**4997 TAMiami TRAIL EAST
NAPLES, FL 34113**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0750382

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOURLAN, BRUCE
4997 TAMiami TRAIL E.
NAPLES, FL 34113**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOURLAN, BRUCE
STREET ADDRESS	4997 TAMiami TRAIL E.
CITY-STATE-ZIP	NAPLES, FL 34113
TITLE	D
NAME	SAUNDERS, HUBERT J
STREET ADDRESS	5025 TAMiami TRAIL E.
CITY-STATE-ZIP	NAPLES, FL 34113
TITLE	D
NAME	HAUSIN, ROBERT
STREET ADDRESS	4987 TAMiami TRAIL EAST
CITY-STATE-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/27/06-80088-010 150.00

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IN THIS SPACE**

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: Robert J. Hausin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/11/06 Daytime Phone # _____

Robert J. Hausin