

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**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



03082008

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, 2008 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- ST- ZIP	NAPLES, FL 34113
TITLE	D
NAME	SAUNDERS, HUBERT J
STREET ADDRESS	5025 TAMiami TRAIL E.
CITY- ST- ZIP	NAPLES, FL 34113
TITLE	D
NAME	HAUSIN, ROBERT
STREET ADDRESS	4987 TAMiami TRAIL EAST
CITY- ST- ZIP	NAPLES, FL 34113

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/08

739-732-8000

**DO NOT WRITE  
IN THIS SPACE**

04/03/08-80070-011 150:00