

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000022666

**FILED**  
**Jan 22, 2014**  
**Secretary of State**  
**CC8004539211**

**Entity Name:** VILLA GRANDE ON SAXON, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-4343681

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LECESSE DEVELOPMENT CORPORATION  
650 S. NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           LECCESE, SALVADOR F  
Address       650 S. NORTHLAKE BLVD.; SUITE 450  
  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title           VP S  
Name           GROSCH, FRANK K  
Address       650 S. NORTHLAKE BLVD.; SUITE 450  
  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SALVADOR LECCESE

**PRES**

**01/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date