## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#724679** 

FILED Mar 08, 2006 Secretary of State

Entity Name: VILLAS DE GOLF ASSOCIATION INC

**Current Principal Place of Business: New Principal Place of Business:** 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 **Current Mailing Address: New Mailing Address:** 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 FEI Number: 59-1430205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete KINDINGER, MARLIN SHIFFLET, JOSEPH Name: Name: 12300 VONN RD UNIT 5302 Address: 12300 VONN RD UNIT 1102 Address: City-St-Zip: LARGO, FL 33774 City-St-Zip: LARGO, FL 33774 Title: SD () Delete Title: (X) Change ( ) Addition CAROW, WALTER Name: STOCK, DAVID Name: Address: 12300 VONN RD UNIT 5307 Address: 12300 VONN RD UNIT 4120 City-St-Zip: LARGO, FL 33774 City-St-Zip: LARGO, FL 33774 Title: () Delete Title: (X) Change ( ) Addition PARMINTER, BRUCE PARMINTIER, BRUCE Name: Name: 12300 VONN RD UNIT 2103 Address: Address: 12300 VONN RD UNIT 2103 City-St-Zip: LARGO, FL 33774 City-St-Zip: LARGO, FL 33774 Title: VPD Title: () Change () Addition ( ) Delete WARD, KENT Name: Name: 12300 VONN RD UNIT 4107 Address: Address: City-St-Zip: LARGO, FL 33774 City-St-Zip: Title: () Delete Title: () Change () Addition FLYNN, JAMES Name: Name: 12300 VONN RD UNIT 22018 Address: Address: City-St-Zip: LARGO, FL 33774 City-St-Zip: Title: () Delete Title: () Change () Addition LUDDEN, BARBARA Name: Name: Address: 12300 VONN RD UNIT 5301 Address: LARGO, FL 33774 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA LUDDEN PD 03/08/2006