

NOT-FOR-PROFIT CORPORATION
2008 ANNUAL REPORT

DOCUMENT # 724679
1. Entity Name
VILLAS DE GOLF ASSOCIATION INC



FILED
2008 JAN 17 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685**

Mailing Address
**4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685**

2. Principal Place of Business - No P.O. Box #
28100 U.S. HWY. 19 No.

3. Mailing Address
28100 U.S. HWY. 19 No.

Suite, Apt. #, etc.
STE 305

Suite, Apt. #, etc.
STE 305

City & State
CLEARWATER FL


City & State
CLEARWATER FL

Zip
33761

Country
USA

Zip
33761

Country
USA



12212007 Chg-NP CR2E037 (12/06) 08

4. FEI Number
59-1430205

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685**

7. Name and Address of New Registered Agent

Name
DEBRA REINHARDT-RESOURCE MGMT.

Street Address (P.O. Box Number is Not Acceptable)
28100 U.S. HWY 19 No.

STE. 305

City
CLEARWATER

FL

Zip Code
33761

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 Debra Reinhardt DATE 1/7/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Amended AR is \$61.25

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIFFLET, JOSEPH 12300 VONN RD UNIT 1102 LARGO, FL 33774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOCK, DAVID 12300 VONN RD UNIT 4120 LARGO, FL 33774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARMINTIER, BRUCE 12300 VONN RD UNIT 2103 LARGO, FL 33774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WARD, KENT 12300 VONN RD UNIT 4107 LARGO, FL 33774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, JAMES 12300 VONN RD UNIT 22018 LARGO, FL 33774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUDDEN, BARBARA 12300 VONN RD UNIT 5301 LARGO, FL 33774 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800116367378 01/29/08--01039--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12300 VONN RD. UNIT 4102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12300 VONN RD. UNIT 5107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT SHAFER 12300 VONN RD. UNIT 5103 LARGO, FL 33774

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 617, 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 lines empowered.

SIGNATURE: David H. Socke DATE 12/21/07 DAYTIME PHONE # 766 65-1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #