


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90055 032 ****61.25

DOCUMENT # 728726					
1. Entity Name VILLA VILLAR HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 15 VILLA VILLAR COURT DELAND, FL US			Mailing Address 15 VILLA VILLAR COURT DELAND, FL US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2053770	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required 01252004 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RANSBOTTOM, LUELLON 99 OLD MILL RUN ORMOND BEACH, FL 32174			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FASSETT, JOSEPHINE		NAME	PATRICIA BURKE	
STREET ADDRESS	22 VILLA VILLAR CT		STREET ADDRESS	23 VILLA VILLAR COURT	
CITY-ST-ZIP	DELAND, FL		CITY-ST-ZIP	DELAND FL 32724	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITHERS, MIRIAM		NAME	DOLORES O'NEILL	
STREET ADDRESS	24 VILLA VILLAR CT		STREET ADDRESS	55 VILLA VILLAR COURT	
CITY-ST-ZIP	DELAND, FL		CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ANNA		NAME		
STREET ADDRESS	53 VILLAR CT		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, BILLY		NAME		
STREET ADDRESS	29 VILLA VILLAR CT.		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXSANDER, KATHY		NAME		
STREET ADDRESS	21 VILLA VILLAGE COURT		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.					
SIGNATURE: <u>Billy G. Webber</u>		BILLY G. WEBBER		2/17/04	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				386-736-3600	
				Daytime Phone #	