


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90049 038 ****61.25

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DOCUMENT # 728726 1. Entity Name VILLA VILLAR HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 0 VILLA VILLAR COURT DELAND, FL 32724 US		Mailing Address P.O. BOX 730663 ORMOND BEACH, FL 32173 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		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: SD NAME: BURKE, PATRICIA <input checked="" type="checkbox"/> Delete STREET ADDRESS: 23 VILLA VILLAR COURT CITY-ST-ZIP: DELAND, FL 32724	TITLE: PD NAME: Josephine Fassett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 22 Villa Villan Court CITY-ST-ZIP: Deland FL 32724		
TITLE: PD NAME: O'NEILL, DOLORES <input checked="" type="checkbox"/> Delete STREET ADDRESS: 55 VILLA VILLAR COURT CITY-ST-ZIP: DELAND, FL 32724	TITLE: VPD NAME: Ian Nelson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 8 Villa Villan Ct. CITY-ST-ZIP: Deland FL 32724		
TITLE: VPD NAME: THOMSON, JEANNE <input checked="" type="checkbox"/> Delete STREET ADDRESS: 41 VILLA VILLAR COURT CITY-ST-ZIP: DELAND, FL 32724	TITLE: SD NAME: LINDA G. BRAUN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS: 34 Villa Villan Ct CITY-ST-ZIP: Deland FL 32724		
TITLE: TD NAME: OEFFEN, GISELA <input type="checkbox"/> Delete STREET ADDRESS: 16 VILLA VILLAR CT CITY-ST-ZIP: DELAND, FL 32724	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: D NAME: DAILEY, JOHN <input type="checkbox"/> Delete STREET ADDRESS: 45 VILLA VILLAR CT CITY-ST-ZIP: DELAND, FL 32724	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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>Josephine Fassett</u>		386 2/27/07 734-7598 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Josephine FASSETT			