


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90034 004 ****61.25

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, LUELLEN 991 OLD MILL RUN ORMOND BEACH, FL 32174				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FASSETT, JOSEPHINE		NAME	JOHN MARTIN	
STREET ADDRESS	22 VILLA VILLAR COURT		STREET ADDRESS	46 Villa Villar Ct	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	DELAND FL 32724	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, LEN		NAME		
STREET ADDRESS	8 VILLA VILLAR CT.		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LINDA G		NAME		
STREET ADDRESS	34 VILLA VILLAR COURT		STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OEFFEN, GISELA		NAME	Dolores O'Neill	
STREET ADDRESS	16 VILLA VILLAR CT		STREET ADDRESS	55 Villa Villar Court	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, JOHN		NAME	Dorothy Coles	
STREET ADDRESS	45 VILLA VILLAR CT		STREET ADDRESS	31 Villa Villar Ct.	
CITY-ST-ZIP	DELAND, FL 32724		CITY-ST-ZIP	DELAND FL 32724	
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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 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: <i>John R. Martin</i>		John R. MARTIN		2/28/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				386-736-1138	
				<small>Daytime Phone #</small>	

40043000



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2053770 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

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SIGNATURE: *John R. Martin* John R. MARTIN 2/28/08 386-736-1138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #