


FILED
Jul 18, 2007 8:00 am
Secretary of State

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06-12-2007 90111 047 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 736533			
1. Entry Name THE VILLAS AT SIGNAL HILL PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 136 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32714		Mailing Address 136 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box # 4523 Three Lakes Cir		3. Mailing Address P.O. Box 585177	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32808		Zip 32858-5177	
Country		Country	
4. FEI Number 59-3166822		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRESIDENTIAL GROUP SOUTH 136 W PINEVIEW ST ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name ARTHUR MASERESJIAN Street Address (P.O. Box Number is Not Acceptable) 4523 THREE LAKES CIR City Orlando FL Zip Code 32808	
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 ARTHUR MASERESJIAN X <i>Arthur Maseresjian</i> 06-19-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)</small> DATE 5-18-07			
Filing Fee is \$61.25 Due by May 15, 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 NAME STREET ADDRESS CITY - ST - ZIP	PD DORKOWSKI, EDNA 4622 WATCH HILL RD. ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE Pres NAME STREET ADDRESS CITY - ST - ZIP	ARTHUR MASERESJIAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4523 Three Lakes Cir. ORLANDO - FL 32808 <i>President</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMITH, JOAN 4719 CARTEGENA COURT ORLANDO, FL 32808 <input type="checkbox"/> Delete <i>Treasurer</i>	TITLE V.P. NAME STREET ADDRESS CITY - ST - ZIP	PAUL CLORDAN <input type="checkbox"/> Change <input type="checkbox"/> Addition 5149 CLARION OAKS DR Orlando, FL 32808 <i>President</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BUSTINZA, MARY 4208 WATCH HILL CT ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKS, BETTY J 4525 THREE LAKES CIRCLE ORLANDO, FL 32808 <input type="checkbox"/> Delete <i>Secretary</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKSON, RUSTY 4635 BOCA VISTA COURT ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gene Harris <input type="checkbox"/> Change <input type="checkbox"/> Addition 4560 Heritage OAK DR Orlando, FL 32808 <i>Board member</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: JOAN Smith <i>Joan Smith</i>		Date 5-18-07 407-294-5583	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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