
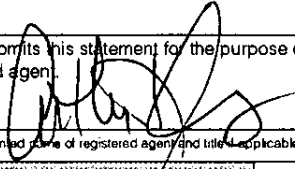
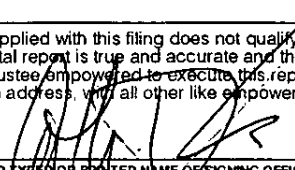


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90338 008 ****61.25

DOCUMENT # 765526					
1. Entity Name VERSAILLES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 956 VERSAILLES CR MAITLAND FL 32751 US			Mailing Address 956 VERSAILLES CR MAITLAND FL 32751 US		
2. Principal Place of Business 901 Versailles Cir Suite, Apt. #, etc.		3. Mailing Address 901 Versailles Suite, Apt. #, etc.			
City & State Maitland, FL Zip 32751 Country USA		City & State Maitland, FL Zip 32751 Country USA		4. FEI Number 59-2300448 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMYTH, ROSLYN 956 VERSAILLES CR MAITLAND FL 32751			7. Name and Address of New Registered Agent Name <u>Anthony Douglas</u> Street Address (P.O. Box Number is Not Acceptable) <u>901 Versailles Cir</u> City <u>Maitland</u> FL Zip Code <u>32751</u>		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE <u>3/5/05</u>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	P SMYTH, ROSLYN 956 VERSAILLES CR MAITLAND FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anthony Douglas 901 Versailles Cir Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDBERG, BRUCE 916 VERSAILLES CIR MAITLAND FL 32751	<input 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	T HENDERSON, ANN 1004 VERSAILLES COURT MAITLAND FL 32751	<input 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	S STANLEY, SUSAN 903 VERSAILLES CIR MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Monisha Seth 901 Versailles Cir Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 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, and all other like empowered.					
SIGNATURE: 		(NOTE: Registered Agent signature required when reinstating)		DATE <u>3/5/05</u> Daytime Phone # <u>707-644-8946</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					