

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2007  
Secretary of State**

DOCUMENT# 765526

Entity Name: VERSAILLES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1004 VERSAILLES CT  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

1004 VERSAILLES CT.  
MAITLAND, FL 32751 US

**New Mailing Address:**

FEI Number: 59-2300448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOUGLAS, ANTHONY  
901 VERSAILLES CIR  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DOUGLAS, ANTHONY  
Address: 901 VERSAILLES CIR  
City-St-Zip: MAITLAND, FL 32751

Title: V ( ) Delete  
Name: GOLDBERG, BRUCE  
Address: 916 VERSAILLES CIR  
City-St-Zip: MAITLAND, FL 32751

Title: T ( ) Delete  
Name: HENDERSON, ANN  
Address: 1004 VERSAILLES COURT  
City-St-Zip: MAITLAND, FL 32751

Title: S ( ) Delete  
Name: SETH, MONISHA  
Address: 901 VERSAILLES CIR  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN HENDERSON

T

04/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date