

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769767

**FILED
Aug 17, 2004
Secretary of State**

Entity Name: VILLAS DEL SOL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

28200 BERMONT ROAD
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

Current Mailing Address:

28200 BERMONT ROAD
PUNTA GORDA, FL 33982 US

New Mailing Address:

FEI Number: 59-1501038 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OLSON BOEHM, MARYANN
28200 BERMONT RD.
PUNTA GORDA, FL 33982 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: PT () Delete
Name: DEPLONTY, DUANE E,
Address: 28200 BEUMONT RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: VPD () Delete
Name: DEPLONTY, JOAN J,
Address: 28200 BEUMONT RD
City-St-Zip: PUNTA GORDA, FL 33982

Title: SD () Delete
Name: OLSON BOEHM, MARYANN
Address: 28200 BERMONT RD.
City-St-Zip: PUNTA GORDA, FL 33982

Title: TD () Delete
Name: OLSON, RONALD J
Address: 28200 BERMONT RD.
City-St-Zip: PUNTA GORDA, FL 33982

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 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 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: MARYANN OLSON BOEHM

SD

08/17/2004

Electronic Signature of Signing Officer or Director

Date