

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

0014598

**DOCUMENT # 769767**

1. Entity Name

VILLAS DEL SOL HOMEOWNERS ASSOCIATION, INC.



04-28-2003 91376 020 \*\*\*\*61.25

**55053105**



CHECK HERE IF MAKING CHANGES

Principal Place of Business 28200 BERMONT ROAD PUNTA GORDA FL 33982 US		Mailing Address 28200 BERMONT ROAD PUNTA GORDA FL 33982 US		4. FEI Number <b>59-1501038</b>		Applied For Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
Zip	Country	Zip	Country	City & State		City & State	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
OLSON BOEHM, MARYANN 28200 BERMONT RD. PUNTA GORDA FL 33982				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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 *Maryann Boehm* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT DEPLONTY, DUANE E 937 BLUE HERON OVERLOOK OSPREY FL 34229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, T Deplonty, Duane E 93200 BERMONT RD Punta Gorda, FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEPLONTY, JOAN J 937 BLUE HERON OVERLOOK OSPREY FL 34229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres., D Deplonty, Joan J. 93200 BERMONT RD Punta Gorda, FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLSON BOEHM, MARYANN 28200 BERMONT RD. PUNTA GORDA FL 33982	<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 OLSON, RONALD J 28200 BERMONT RD. PUNTA GORDA FL 33982	<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
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 with all other like empowered.

SIGNATURE: *Maryann Boehm* DATE: 7/8/03 DAYTIME PHONE: 841-639-2669

CR2E037 (4/03)