


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90426 033 ****61.25

DOCUMENT # N0100005942			
1. Entity Name VILLA QUERCIA TOWNHOMES HOMEOWNERS ASSOCIATION, INC.		Principal Place of Business 2708 W KENNEDY BLVD TAMPA, FL 33609	
Mailing Address 2708 W KENNEDY BLVD TAMPA, FL 33609		2. Principal Place of Business 3010 W. STOVALL ST Suite, Apt. #, etc.	
3. Mailing Address 3010 W. STOVALL ST Suite, Apt. #, etc.		City & State TAMPA, FL	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33629		Country HILLSBOROUGH	
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4. FEI Number 02-0615156		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 VAZQUEZ, DAVID, ESQ 2708 W KENNEDY BLVD TAMPA, FL 33609		7. Name and Address of New Registered Agent Name LNO DEVELOPMENT COMPANY Street Address (P.O. Box Number is Not Acceptable) 3010 W. STOVALL ST, UNIT H City TAMPA FL Zip Code 33629	
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 <i>Desiree A. Stevenson</i> Signature, typed or printed name of registered agent and title if applicable.		DESIREE A. STEVENSON, VP 4/30/04 DATE (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		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	DPS VAZQUEZ, JOE 2708 W KENNEDY BLVD TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT STEVENSON, KEVIN 3010 W. STOVALL ST, UNIT H TAMPA, FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV VAZQUEZ, DAVID 2708 W KENNEDY BLVD TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VAUGHN, ROBERT E SR 3010 W. STOVALL ST, UNIT C TAMPA, FL 33629 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINO, THOMAS 2708 W KENNEDY BLVD TAMPA, FL 33609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENTHORNE, JASON 3010 W. STOVALL ST, UNIT F TAMPA, FL 33629 <input type="checkbox"/> Change <input checked="" 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
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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: <i>Kevin J. Stevenson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		KEVIN J. STEVENSON, D/A 4/30/04 (813) 842-8703 Date Daytime Phone #	