2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005942

FILED Mar 07, 2006 Secretary of State

Entity Name: VILLA QUERCIA TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3010 W. STOVALL ST TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

3010 W. STOVALL ST 3010 W. STOVALL ST TAMPA, FL 33629 UNIT B TAMPA, FL 33629

FEI Number: 02-0615156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LNO DEVELOPMENT COMPANY GLAZER, JASON A 3010 W. STOVALL ST. 3010 W. STOVALL ST. **UNIT H** UNIT B TAMPA, FL 33629 US TAMPA, FL 33629 US

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: JASON A GLAZER 03/07/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DPT (X) Change () Addition () Delete STEVENSON, KEVIN Name: GLAZER, JASON Name: 3010 W. STOVALL ST. UNIT H Address: 3010 W. STOVALL ST. UNIT B Address:

City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629

Title: DS () Delete Title: (X) Change () Addition Name: VAUGHN, ROBERT E JR Name: HENTHORNE, JASON

Address: 3010 W. STOVALL ST. UNIT C Address: 3010 W. STOVALL ST. UNIT F City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33629

Title: (X) Delete Title: () Change () Addition

HENTHORNE, JASON Name: Name: Address: 3010 W. STOVALL ST. UNIT F Address: City-St-Zip: TAMPA, FL 33629 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: JASON A GLAZER DPT 03/07/2006