


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90358 044 \*\*\*\*61.25

**DOCUMENT # N03000004950**

1. Entity Name  
**VILLAS OF MATANZAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**3009 BARCELONA ST, STE B  
TAMPA FL 33629**      **3009 BARCELONA ST, STE B  
TAMPA FL 33629**

2. Principal Place of Business      3. Mailing Address

*608 Matanzas*      *3001 Executive Dr.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*Ste 260*

City & State      City & State

*Tampa FL*      *Clearwater FL*

Zip      Country      Zip      Country

*33609 USA*      *33762 USA*

4. FEI Number      Applied For

*20-1022569*      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

~~**BENNETT, SUSAN FLEMING  
401 E JACKSON ST, STE 2200  
TAMPA FL 33602**~~

7. Name and Address of New Registered Agent

Name *Condominium Associates*

Street Address (P.O. Box Number is Not Acceptable)

*3001 Executive Dr. Ste 260*

City *Clearwater*      FL      Zip Code *33762*

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 *By Craig Caldwell, VICE PRESIDENT*      DATE *4-27-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRAFT, JEFF	
STREET ADDRESS	3009 BARCELONA ST, STE B	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LANDERS, JAMES F	
STREET ADDRESS	3009 BARCELONA ST, STE B	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUDSON, ALAN	
STREET ADDRESS	3009 BARCELONA ST, STE B	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*      Date *4/28/04*      Daytime Phone # *(813) 902.0598*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #