

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004950

FILED  
Apr 16, 2006  
Secretary of State

Entity Name: VILLAS OF MATANZAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

608 S. MATANZAS AVE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

608 S. MATANZAS AVE  
UNIT #1  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-1022569      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEKARCZYK, LISA A  
608 S. MATANZAS AVE  
UNIT #1  
TAMPA, FL 33609 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: PRES ( ) Delete  
Name: MCKENNA, CHRIS  
Address: 608 S. MATANZAS AVE UNIT #5  
City-St-Zip: TAMPA, FL 33609

Title: VP ( ) Delete  
Name: BITTNER, TRAVIS  
Address: 608 S. MATANZAS AVE UNIT #3  
City-St-Zip: TAMPA, FL 33609

Title: SEC ( ) Delete  
Name: LEKARCZYK, MARTIN J  
Address: 608 S. MATANZAS AVE UNIT #1  
City-St-Zip: TAMPA, FL 33609

Title: TRES ( ) Delete  
Name: LEKARCZYK, MARTIN J  
Address: 608 S. MATANZAS AVE UNIT #1  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: VILLAS OF MATANZAS H, OA - PENDING ELECTION  
Address: 608 S. MATANZAS AVE UNIT #1  
City-St-Zip: TAMPA, FL 33609

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 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: MARTIN J. LEKARCZYK

SEC

04/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date