

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004950

FILED
Jan 13, 2008
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 #5
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:

TERRY, MIKE
608 S. MATANZAS AVE
UNIT #5
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: TERRY, MIKE
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: VILLAS OF MATANZAS -, PENDING ELECT I ON
Address: 608 S. MATANZAS AVE UNIT #5
City-St-Zip: TAMPA, FL 33609

Title: TRES () Delete
Name: VILLAS OF MATANZAS -, PENDING ELECT I ON
Address: 608 S. MATANZAS AVE UNIT #5
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: MICHAEL H. TERRY

PRES

01/13/2008

Electronic Signature of Signing Officer or Director

_____ Date