

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009942

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: VILLAS AT EDENFIELD ASSOCIATION, INC.

**Current Principal Place of Business:**

5110 EISENHOWER BLVD STE 160  
TAMPA, FL 33634

**New Principal Place of Business:**

3974 TAMPA ROAD  
SUITE B  
OLDSMAR, FL 34677

**Current Mailing Address:**

5110 EISENHOWER BLVD STE 160  
TAMPA, FL 33634

**New Mailing Address:**

P.O. BOX 2157  
OLDSMAR, FL 34677

FEI Number: 20-1134209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHLOSSER, RICHARD A  
500 E KENNEDY BLVD STE 200  
TAMPA, FL 33602 US

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

HANSON, JACK B  
3974 TAMPA BAY  
SUITE B  
OLDSMAR, FL 34677 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: JACK B HANSON

04/14/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, SCOTT A  
Address: 27741 KIRKWOOD CIR.  
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: VP ( ) Delete  
Name: SMITH, MARCUS G  
Address: 12806 TAR FLOWER DR.  
City-St-Zip: TAMPA, FL 33626

Title: S ( ) Delete  
Name: LAZINO, KERRIE  
Address: 3335 CRESCENT OAKS BLVD.  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: T ( ) Delete  
Name: FEEKS, DARLENE  
Address: 1751 DROCHESTER RD.  
City-St-Zip: CLEARWATER, FL 33764

**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 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 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: JACK B HANSON

AGEN

04/14/2005

Electronic Signature of Signing Officer or Director

Date