2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 15, 2008 8:00 am Secretary of State

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DOCUMENT # N0300009942 1. Entity Name VILLAS AT EDENFIELD ASSOCIATION, INC.					05-15-2008 90026 044 ****61.25			
3527 PALM	ce of Business HAMBOR BLVD OR, FL 34683	Mailing Address P.O. BOX / 418 PALM HARBOR, FL 346	82	THE AND		i ing sing sing s	Ma en	
1 1		3. Mailing Address	· C -					
550 N Reo St Suite, Apr. #, etc. S Ste. 300		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR26	037 (12/06)		
City & Stat	te TC (City & State		4. FEI Number 20-113420	<u> </u>		plied For	
Zip	Country	Zip	Country	5. Certificate of St	<u></u>	\$8.75 Ack		
3360						Fee Require	<u> </u>	
	8. Name and Address of Current	rugistered Agent	Name .		ress of New Registers			
HANSON, JACK B			I	Name Wade Mayors RoulManger LLC				
MELROSE MANAGEMENT GROUP			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
3527 PAL	MLHARBOR BLVD		5	SO N Rec	5 2+ 2te	. 300		
PALM HARBOR, FL 34683					·			
Ì		4	City	_	F	Zip Cod		
The above named entity submits this statement for the purpose of changing its registered				ampa		- (33)		
	e navined entity submits this statement in tions of registered agent.	er are purpose or changing as re	adistated purce or tal	gistered agent, or both, in	ine State of Fibrida. Te	m ramiliar with,	ало ассерт	
SIGNATURE								
	Signature, typed or printed name of registered egent	and title if applicable. (NC is:	Registered Agent algneture re	equired when reinstating)	DAT	E		
ļ 	Signature, typed or printed name of registered egent			· · · · · · · · · · · · · · · · · · ·		 -		
		9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Make ch	eck payable t		
10.	Signature, typed or printed name of registered agent FITING Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make ch	eck payable t partment of 8	tato	
10.	Signature, your or printed name of registered open Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Make che Florida Des	eck payable t partment of 8	tato	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

sew pract

4/3/08

213.991.6336