


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-15-2008 90026 044 ****61.25

DOCUMENT # N03000009942			
1. Entity Name VILLAS AT EDENFIELD ASSOCIATION, INC.			
Principal Place of Business 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683		Mailing Address P.O. BOX 1418 PALM HARBOR, FL 34682	
2. Principal Place of Business - No P.O. Box # 550 N Red St		3. Mailing Address Same	
Suite, Apt. #, etc. Str 300		Suite, Apt. #, etc.	
City & State Tampa FL		City & State	
Zip 33609	Country USA	Zip	Country
4. FEI Number 20-1134209		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSON, JACK B MELROSE MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name Wade Meyers RealManag LLC Street Address (P.O. Box Number is Not Acceptable) 550 N Red St, Str. 300 City Tampa FL Zip Code 33609	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (INC. - Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASON, KEN 27400 MISTFLOWER DR WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHES, MARY 27454 MISTFLOWER DR WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POLLOCK, SCOTT 27340 MISTFLOWER DR WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Ken Mason</u>		Date: <u>4/3/08</u>	Daytime Phone #: <u>813-991-6336</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			