

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90114 016 ****61.25



DOCUMENT # N05000002754
 1. Entity Name
VILLINI AT GLEN KERNAN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
 11812 LAKE MEAD AVE
 SUITE 405
 JACKSONVILLE, FL 32256

Mailing Address
 7643 GATE PKWY
 SUITE 104 PMB 188
 JACKSONVILLE, FL 32256

2. Principal Place of Business - No P.O. Box #
 11512 Lake Mead Avenue

3. Mailing Address

Suite, Apt. #, etc.
 SUITE 405

City & State
 JACKSONVILLE, Florida

Zip
 32256

Country
 USA



04102008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

BALASKIEWICZ, KIM
 11512 LAKE MEAD AVE
 SUITE 405
 JACKSONVILLE, FL 32256

4. FEI Number
 20-2534336

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Kim Balaskiewicz* PROPERTY Manager Kim Balaskiewicz 4/10/08
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADD, SEAN 4504 SAN LORENZO BLVD JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP William Hendrich 4530 Carrara Court Jacksonville, Florida 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLANEY, MIKE 4522 SAN LOVANZO BLVD JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mike Mullaney 4522 San Lorenzo Boulevard Jacksonville, Florida 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN PELT, LUANN 4547 SAN LORENZO BLVD JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LuAnn Van Pelt 4547 San Lorenzo Boulevard Jacksonville, Florida 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLEY, RENEE 4537 CARRARA CT JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Michelle Rawls 13114 Via Roma Court Jacksonville, Florida 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JETHA, TRACY 4571 SAN LORASO BVLD JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronna Keitt-Iglesias 4561 Carrara Court Jacksonville, Florida 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Kim Balaskiewicz* Kim Balaskiewicz 4-10-08 904-641-1858
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #