


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90326 007 ****70.00

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1. Entity Name
THE VILLAS AT VIENNA SQUARE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**500 SOUTH FLORIDA AVENUE
 SUITE 700
 LAKELAND, FL 33801**

Mailing Address
**500 SOUTH FLORIDA AVENUE
 SUITE 700
 LAKELAND, FL 33801**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
20-5067371

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HILL, CRAIG B
 500 SOUTH FLORIDA AVENUE
 SUITE 700
 LAKELAND, FL 33801**

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 _____
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

TITLE	D	<input type="checkbox"/> Delete
NAME	FALK, BENJAMIN DE	
STREET ADDRESS	500 SOUTH FLORIDA AVENUE SUITE 700	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXWELL, LAWRENCE	
STREET ADDRESS	500 SOUTH FLORIDA AVENUE SUITE 700	
CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHREIBER, MARK	
STREET ADDRESS	641 CARL FLOYD ROAD	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>VP Jim D Lee</i>	
STREET ADDRESS	<i>500 S Florida Ave Ste 700</i>	
CITY-ST-ZIP	<i>Lakeland, FL 33801</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Benjamin D. E. Falk*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin D. E Falk 4/28/08 863.647.1581