2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90255 023 ****61.25

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DOCUMENT # N15364

1. Entity Name
VILLA CITY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 331 RD GROVELAND, FL 34736	P.O. BOX 331 RD GROVELAND, FL 34736

04132004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2548653 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUSKAS, MELLIA G
8316 W SHOU LANE
GROVELAND, FL 34736

7. Name and Address of New Registered Agent

Name: Mary Ann Brown
Street Address (P.O. Box Number is Not Acceptable): 18326 Rose Street
City: Groveland **FL** Zip Code: 34736

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: Mary Ann Brown — Mary Ann Brown Treasurer — 04/21/04
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, 2004

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	P REAVES, FRANKLIN 5601 MOON LAKE RD. GROVELAND, FL 34736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Tom Ferguson PO Box 581 Groveland, Fl 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FERGUSON, TOM PO BOX 581 GROVELAND, FL 34736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Franklin Reaves 5601 Moon Lake Rd. Groveland, Fl 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BENZEL, CUNDI 7403 LAKE EMMA ROAD GROVELAND, FL 34736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Terry Miller P.O. Box 35 Howey, Fl 34737	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PUESHES, MELICIA 18316 W. SHOU LANE GROVELAND, FL 34736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mary Ann Brown 18326 Rose Street Groveland, Fl 34736	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANSEN, ANDREW 19022 ORANGE AVE. GROVELAND, FL 34736	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marty Proctor 18225 Rose St. Groveland, Fl 34736	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KYLE, BUD 5639 MARYVILLE ROAD GROVELAND, FL 34736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nevin Thompson 18426 Villa City Rd Groveland, Fl 34736	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mary Ann Brown — Mary Ann Brown Tresurer — 04/21/04 — 407-466-8997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #