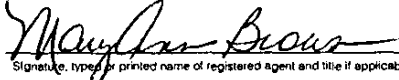
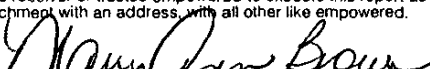


**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

24052928

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                     |                                                                                                                                                         |                                                                                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N15364</b><br>1. Entity Name<br><b>VILLA CITY HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                     |                                                                                                                                                         | 04-23-2004 90255 023 ****61.25                                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                     |                                                                                                                                                         | <b>24052928</b>                                                                                                                                                                                                        |  |
| Principal Place of Business<br><b>P.O. BOX 331 RD<br/>GROVELAND, FL 34736</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                     |                                                                                                                                                         | Mailing Address<br><b>P.O. BOX 331 RD<br/>GROVELAND, FL 34736</b>                                                                                                                                                      |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                     |                                                                                                                                                         | 3. Mailing Address                                                                                                                                                                                                     |  |
| Suite, Apt. #, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                     |                                                                                                                                                         | Suite, Apt. #, etc.                                                                                                                                                                                                    |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                     |                                                                                                                                                         | City & State                                                                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | Country                                                                             |                                                                                                                                                         | Zip                                                                                                                                                                                                                    |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | Country                                                                             |                                                                                                                                                         | Country                                                                                                                                                                                                                |  |
| 4. FEI Number<br><b>59-2548653</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |                                                                                     |                                                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                     |                                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br><b>PUSKAS, MELLIA G<br/>8316 W SHOU LANE<br/>GROVELAND, FL 34736</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                                                     |                                                                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br><b>Mary Ann Brown</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>18326 Rose Street</b><br>City<br><b>Groveland</b> FL Zip Code<br><b>34736</b> |  |
| 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.<br>SIGNATURE  <b>Mary Ann Brown Treasurer</b> 04/21/04<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                         |                                                                                                               |                                                                                     |                                                                                                                                                         |                                                                                                                                                                                                                        |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                         | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                 |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |                                                                                     |                                                                                                                                                         |                                                                                                                                                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                   |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P<br>REAVES, FRANKLIN<br>5601 MOON LAKE RD.<br>GROVELAND, FL 34736 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | P<br>Tom Ferguson<br>PO Box 581<br>Groveland, Fl 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VP<br>FERGUSON, TOM<br>PO BOX 581<br>GROVELAND, FL 34736 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | VP<br>Franklin Reaves<br>5601 Moon Lake Rd.<br>Groveland, Fl 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S<br>BENZEL, CUNDI<br>7403 LAKE EMMA ROAD<br>GROVELAND, FL 34736 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | D<br>Terry Miller<br>P.O. Box 35<br>Howey, Fl 34737 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                        |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T<br>PUESHES, MELICIA<br>18316 W. SHOU LANE<br>GROVELAND, FL 34736 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | T<br>Mary Ann Brown<br>18326 Rose Street<br>Groveland, Fl 34736 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>HANSEN, ANDREW<br>19022 ORANGE AVE.<br>GROVELAND, FL 34736 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | D<br>Marty Proctor<br>18225 Rose St.<br>Groveland, Fl 34736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |                                                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>KYLE, BUD<br>5639 MARYVILLE ROAD<br>GROVELAND, FL 34736 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | D<br>Nevin Thompson<br>18426 Villa City Rd<br>Groveland, Fl 34736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  <b>Mary Ann Brown Treasurer</b> 04/21/04 407-466-8999<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                     |                                                                                                                                                         |                                                                                                                                                                                                                        |  |