

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004806

FILED
Jan 17, 2012
Secretary of State

Entity Name: THE TRADITIONS AT VILLAROSA HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

475 W TOWN PL, SUITE 200
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

475 W TOWN PL, SUITE 200
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-3498682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN TRENT SRVS., INC
475 W TOWN PL 200
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD
Name: JACKSON, CHARLIE
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D
Name: GARDNER, JIM
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: TD
Name: MANN, SHARON
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: PD
Name: ROCHEFORD, GEORGE
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: SD
Name: KRUGER, JOAN
Address: 475 W TOWN PLACE, SUITE 200
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHARON MANN

TRES

01/17/2012

Electronic Signature of Signing Officer or Director

Date