

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 748367

1. Entity Name
VILLAS HOMEOWNERS' ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 AUG 28 AM 8:03

Principal Place of Business
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

Mailing Address
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US



2. Principal Place of Business
3968 N. Monroe St.

3. Mailing Address
P.O. Box 180657

Suite, Apt. #, etc.

08282006 Chg-NP CR2E037 (4/06)

City & State
Tallahassee FL

City & State
Tallahassee FL

4. FEI Number
59-1937788

Applied For
Not Applicable

Zip
32303

Country
USA

Zip
32318

Country
USA

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

6. Name and Address of Current Registered Agent

ISAACS, DAN
431 WAVERLY ROAD
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name
LeAnn Sbordone

Street Address (P.O. Box Number is Not Acceptable)
Homeowners Association Services
3968 N. Monroe Street

City
Tallahassee

FL

Zip Code
32303

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 LeAnn Sbordone, Community Manager 8-28-06

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 September 6, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	DS LAWSON, PEGGY 197-B VILLAS COURT SE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRICKLAND, MARILYN 182 VILLAS COURT NE TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRESSEL, HELEN 196 C VILLAS COURT SE TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEYLAND, LEEDEL 2522 BLARNEY DRIVE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ARNETTE, JUDY 164 C VILLAS COURT SE TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 000073730500 09/12/06--01064--006 **\$1.25	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roy Strickland 133-C Villas Court SE Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jim Strange 170 Villas Court NE Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Neil Staccione 191 Villas Court NE Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Banks 645 Forest Lair Tallahassee, FL 32302	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LeAnn Sbordone P.O. Box 180657 Tallahassee, FL 32318	<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 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: LeAnn Sbordone 8-28-06 850-562-8708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #