

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003939

FILED  
Apr 21, 2003  
Secretary of State

Entity Name: VILLAS AT LAKE ST. CHARLES HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

3550 BUSCHWOOD PARK DRIVE  
SUITE 135  
TAMPA, FL 33618

## New Principal Place of Business:

3434 COLWELL AVE.  
SUITE 200  
TAMPA, FL 33614

## Current Mailing Address:

3550 BUSCHWOOD PARK DRIVE  
SUITE 135  
TAMPA, FL 33618

## New Mailing Address:

3434 COLWELL AVE.  
SUITE 200  
TAMPA, FL 33614

FEI Number: 02-0584803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, PETE  
3550 BUSCHWOOD PARK DRIVE  
SUITE 135  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

WILLIAMS, PETE  
3434 COLWELL AVE.  
SUITE 200  
TAMPA, FL 33614 US

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:

04/21/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PARDUE, DAVID  
Address: 719 U.S. HIGHWAY 301 SOUTH  
City-St-Zip: TAMPA, FL 33619

Title: VPD ( ) Delete  
Name: STINE, GARRY  
Address: 719 U.S. HIGHWAY 301 SOUTH  
City-St-Zip: TAMPA, FL 33619

Title: STD ( ) Delete  
Name: LANGFORD, BRAD  
Address: 719 U.S. HIGHWAY 301 SOUTH  
City-St-Zip: TAMPA, FL 33619

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HENLEY, STEVEN  
Address: 10509 FIRE OAK COURT  
City-St-Zip: RIVERVIEW, FL 33569

Title: VD (X) Change ( ) Addition  
Name: GOODE, JAMES  
Address: 6917 GRAY OAK PLACE  
City-St-Zip: RIVERVIEW, FL 33569

Title: STD (X) Change ( ) Addition  
Name: MCHENRY, DOROTHY  
Address: 10522 FIRE OAK COURT  
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN HENLEY

PD

04/21/2003

Electronic Signature of Signing Officer or Director

Date