

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748367

**Entity Name:** VILLAS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1575 LEE AVENUE  
TALLAHASSEE, FL 32303**Current Mailing Address:**P.O.BOX 3481  
TALLAHASSEE, FL 32315-3481**FEI Number: 59-1937788****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GRAHAM, PHYLLIS J  
% MILESTONE MGMT OF TALL.  
1575 LEE AVENUE  
TALLAHASSEE, FL 32303 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title V  
Name DREW, JAN  
Address 149-C VILLAS CT. SE  
City-State-Zip: TALLAHASSEE FL 32303Title S  
Name MARTINEZ, LOUISA  
Address 173 VILLAS CT. NE  
City-State-Zip: TALLAHASSEE FL 32303Title D  
Name STRICKLAND, MARIE  
Address 133-C VILLAS CT. SE  
City-State-Zip: TALLAHASSEE FL 32303Title T  
Name LEE, PAT  
Address 116-C VILLAS CT. SE  
City-State-Zip: TALLAHASSEE FL 32303Title P  
Name MARTIN, MADELEINE  
Address 177 VILLAS CT., NE  
City-State-Zip: TALLAHASSEE FL 32303

*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: MADELEINE MARTIN****PRESIDENT****03/18/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date