529 VIA DEL O	ncipal Place of Business: RO DRIVE SPRINGS, FL 32714			
Current Mai	ling Address:			
P O BOX 16 ALTAMONT	2564 E SPRINGS, FL 32716-2564 US			
FEI Number: 59-3613843			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agen	t:		
MCPHERSON, 532 VIA DEL O ALTAMONTE S				
The above name	d entity submits this statement for the purpose of chan	ging its registered office or regis	tered agent, or both, in the State of Florida	l.
	d entity submits this statement for the purpose of chan UICKIE B MCPHERSON	ging its registered office or regis	<b>0</b> • • •	3/11/2017
		ging its registered office or regis	<b>0</b> • • •	
SIGNATURE	E: VICKIE B MCPHERSON	ging its registered office or regis	<b>0</b> • • •	3/11/2017
SIGNATURE	E: VICKIE B MCPHERSON Electronic Signature of Registered Agent	ging its registered office or regis	<b>0</b> • • •	3/11/2017
SIGNATURE Officer/Dire	E: VICKIE B MCPHERSON Electronic Signature of Registered Agent Ctor Detail :		0	3/11/2017
SIGNATURE Officer/Dire	E: VICKIE B MCPHERSON Electronic Signature of Registered Agent Ctor Detail : TREASURER	Title	O	3/11/2017
SIGNATURE Officer/Dire Title Name Address	E: VICKIE B MCPHERSON Electronic Signature of Registered Agent Ctor Detail : TREASURER HILER, RUTH Q	Title Name Address	O PRESIDENT MC PHERSON, VICKIE B	3/11/2017 Date
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : TREASURER HILER, RUTH Q 529 VIA DEL ORO DRIVE	Title Name Address	0 PRESIDENT MC PHERSON, VICKIE B 532 VIA DEL ORO DR	3/11/2017 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : TREASURER HILER, RUTH Q 529 VIA DEL ORO DRIVE ALTAMONTE SPRINGS FL 32714	Title Name Address City-State-Zip:	0 PRESIDENT MC PHERSON, VICKIE B 532 VIA DEL ORO DR ALTAMONTE SPRINGS FL 32714	3/11/2017 Date

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: RUTH Q HILER

City-State-Zip: ALTAMONTE SPRINGS FL 32714

TREASURER

City-State-Zip: ALTAMONTE SPRINGS FL 32714

03/11/2017

Electronic Signature of Signing Officer/Director Detail

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9900000759

Entity Name: LAVITA VILLAS HOMEOWNERS ASSOCIATION, INC.

FILED Mar 11, 2017 **Secretary of State** CC3737640675

Date