

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000052861

**FILED**  
**Mar 29, 2013**  
**Secretary of State**  
**CC8595920879**

**Entity Name:** VILLAS AT ANASTASIA, INC.

**Current Principal Place of Business:**

7645 GATE PARKWAY, SUITE #107  
GRAHAM  
JACKSONVILLE, 32256

**Current Mailing Address:**

7645 GATE PARKWAY, SUITE #107  
JACKSONVILLE, FL 32256 US

**FEI Number:** 20-2683755

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHITE, JOB E  
134 EAST CALL STREET  
STARKE, FL 32091 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            P  
Name            WHITE, JOB E  
Address        134 EAST CALL STREET  
City-State-Zip: STARKE FL 32091

Title            VP  
Name            FORT, JASON  
Address        68 WATER STREET  
City-State-Zip: ST AUGUSTINE FL 32784

Title            VP  
Name            MALONE, JAMES A  
Address        7645 GATE PARKWAY, SUITE #106  
City-State-Zip: JACKSONVILLE FL 32256

Title            S/T  
Name            GRAHAM, MICHAEL W  
Address        7645 GATE PARKWAY, SUITE #106  
City-State-Zip: JACKSONVILLE FL 32256

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL W GRAHAM

S/T

03/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date