2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# 724679

Entity Name: VILLAS DE GOLF ASSOCIATION INC

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-1430205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	SHIFFLET, JOSEPH	
Address:	12300 VONN RD UNIT 1102	
City-St-Zip:	LARGO, FL 33774	
Title:	SD	( ) Delete
Name:	STOCK, DAVID	
Address:	12300 VONN RD UNIT 4120	
City-St-Zip:	LARGO, FL 33774	
Title:	D	( ) Delete
Name:	PARMINTIER, BRUCE	
Address:	12300 VONN RD UNIT 2103	
City-St-Zip:	LARGO, FL 33774	
Title:	VPD	( ) Delete
Name:	WARD, KENT	
Address:	12300 VONN RD UNIT 4107	
City-St-Zip:	LARGO, FL 33774	
Title:	D	( ) Delete
Name:	FLYNN, JAMES	
Address:	12300 VONN RD UNIT 22018	
City-St-Zip:	LARGO, FL 33774	
Title:	PD	( ) Delete
Name:	LUDDEN, BARBARA	
Address:	12300 VONN RD UNIT 5301	
City-St-Zip:	LARGO, FL 33774	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BARBARA LUDDEN PD 04/04/2007

Electronic Signature of Signing Officer or Director — Date