


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90049 038 \*\*\*\*61.25

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<b>DOCUMENT # 728726</b>					
1. Entity Name VILLA VILLAR HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 0 VILLA VILLAR COURT DELAND, FL 32724 US			Mailing Address P.O. BOX 730663 ORMOND BEACH, FL 32173 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RANSBOTTOM, LUELLON 99 OLD MILL RUN ORMOND BEACH, FL 32174				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, PATRICIA			NAME	Josephine Fassett
STREET ADDRESS	23 VILLA VILLAR COURT			STREET ADDRESS	22 Villa Villan Court
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	DELAND FL 32724
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEILL, DOLORES			NAME	Ian Nelson
STREET ADDRESS	55 VILLA VILLAR COURT			STREET ADDRESS	8 Villa Villan Ct.
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	DELAND FL 32724
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMSON, JEANNE			NAME	LINDA G. BRAUN
STREET ADDRESS	41 VILLA VILLAR COURT			STREET ADDRESS	34 Villa Villan Ct
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	DELAND FL 32724
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OEFFEN, GISELA			NAME	
STREET ADDRESS	16 VILLA VILLAR CT			STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, JOHN			NAME	
STREET ADDRESS	45 VILLA VILLAR CT			STREET ADDRESS	
CITY-ST-ZIP	DELAND, FL 32724			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Josephine Fassett</u>		Date: <u>2/27/07</u>		Daytime Phone #: <u>734-7598</u>	
