

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90115 013 ****61.25

DOCUMENT # 743595

1. Entity Name
THE VILLAS II HOME OWNERS ASSOCIATION, INC



Principal Place of Business
**3929 OLD ROAD 37
PO BOX 6785
LAKELAND, FL 33807**

Mailing Address
**3929 OLD ROAD 37
PO BOX 6785
LAKELAND, FL 33807**

50054588



2. Principal Place of Business
3929 OLD ROAD 37
Suite, Apt. #, etc.

3. Mailing Address
3929 OLD ROAD 37
Suite, Apt. #, etc.
PO BOX 6785

06302005 Chg-NP CR2E037 (10/03)

City & State
LAKELAND, FL
Zip
33813
Country
USA

City & State
LAKELAND, FL
Zip
33807
Country
USA

4. FEI Number
59-2105287

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADKINS, WILLIAM M
3929 OLD ROAD 37
VILLA 95
LAKELAND, FL 33813-1055**

7. Name and Address of New Registered Agent
Name
ADKINS, WILLIAM M
Street Address (P.O. Box Number is Not Acceptable)
520 VILLA VISTA BLVD
City
LAKELAND FL Zip Code
33813

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 *William M Adkins* DATE **6-30-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
DVP
NESSL, JIM
STREET ADDRESS
3929 OLD ROAD 37 #52
CITY-ST-ZIP
LAKELAND, FL 33813 ☐ Delete

TITLE
NAME
DS
RAFFERTY, EVELYN
STREET ADDRESS
3929 OLD ROAD 37 #36
CITY-ST-ZIP
LAKELAND, FL 33813 ☒ Delete

TITLE
NAME
T
ADKINS, WILLIAM
STREET ADDRESS
3929 OLD ROAD 37 #95
CITY-ST-ZIP
LAKELAND, FL 33813 ☐ Delete

TITLE
NAME
D
NOWAK, ANTHONY
STREET ADDRESS
3929 OLD ROAD 37-#66
CITY-ST-ZIP
LAKELAND, FL 33813 ☒ Delete

TITLE
NAME
DAT
BAKER, BARBARA
STREET ADDRESS
3929 OLD ROAD 37 #63
CITY-ST-ZIP
LAKELAND, FL 33813 ☒ Delete

TITLE
NAME
DP
GRIBBLE, CHARLES
STREET ADDRESS
3929 OLD ROAD 37 #40
CITY-ST-ZIP
LAKELAND, FL 33813 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
DVP
NESSL, JAMES
STREET ADDRESS
515 VILLA VISTA BLVD
CITY-ST-ZIP
LAKELAND, FL 33813 ☒ Change ☐ Addition

TITLE
NAME
DS
~~BARBARA~~ BAKER, BARBARA
STREET ADDRESS
629 LARK DR
CITY-ST-ZIP
LAKELAND, FL 33813 ☒ Change ☐ Addition

TITLE
NAME
T
ADKINS, WILLIAM
STREET ADDRESS
520 VILLA VISTA BLVD
CITY-ST-ZIP
LAKELAND, FL 33813 ☒ Change ☐ Addition

TITLE
NAME
D
DASCOLE, JOHN
STREET ADDRESS
566 VILLA VISTA BLVD
CITY-ST-ZIP
LAKELAND, FL 33813 ☐ Change ☒ Addition

TITLE
NAME
DAT
~~CHARLES HENRY~~ HENRY, CHARLES
STREET ADDRESS
440 NIGHTHAWK DR
CITY-ST-ZIP
LAKELAND, FL 33813 ☐ Change ☒ Addition

TITLE
NAME
DP
PAULSEN, ROBERT
STREET ADDRESS
546 VILLA VISTA BLVD
CITY-ST-ZIP
LAKELAND, FL 33813 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *William M Adkins* DATE **6-29-05** 863-648-4758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

743 595
 500 54588

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VOGLER JR, FRED 550 VILLA VISTA BLVD LAKE LAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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