2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# 743595

Entity Name: THE VILLAS II HOME OWNERS ASSOCIATION, INC

Current Principal Place of Business:

3929 OLD ROAD 37
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

3929 OLD ROAD 37
PO BOX 6785
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 59-2105287 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADKINS, WILLIAM M
520 VILLA VISTA BLVD
LAKELAND, FL 33813 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: DVP ( ) Delete
Name: NESSL, JIM
Address: 515 VILLA VISTA BLVD
City-St-Zip: LAKELAND, FL 33813

Title: DS ( ) Delete
Name: BAKER, BARBARA
Address: 629 LARK DR
City-St-Zip: LAKELAND, FL 33813

Title: T ( ) Delete
Name: ADKINS, WILLIAM
Address: 520 VILLA VISTA BLVD
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: DASCOLE, JOHN
Address: 566 VILLA VISTA BLVD
City-St-Zip: LAKELAND, FL 33813

Title: DAT ( ) Delete
Name: HENRY, CHARLES
Address: 440 NIGHTHAWK DR
City-St-Zip: LAKELAND, FL 33813

Title: DP ( ) Delete
Name: PAULSEN, ROBERT `
Address: 546 VILLA VISTA BLVD
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: DASCOLE, JOHN
Address: 566 VILLA VISTA BLVD
City-St-Zip: LAKELAND, FL 33813

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

Title: T (X) Change ( ) Addition
Name: GRIBBLE, NORMA
Address: 429 NIGHTHAWK DR
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change ( ) Addition
Name: WOMBLE, PAUL
Address: 529 VILLA VISTA BLVD
City-St-Zip: LAKELAND, FL 33813

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

Title: DP (X) Change ( ) Addition
Name: SULLIVAN, VENICE `
Address: 414 NIGHTHAWK DR
City-St-Zip: LAKELAND, FL 33813

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 BAKER DS 01/30/2006

Electronic Signature of Signing Officer or Director — Date