

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743595

FILED
Mar 08, 2007
Secretary of State

Entity Name: THE VILLAS II HOME OWNERS ASSOCIATION, INC

Current Principal Place of Business:

3929 OLD ROAD 37
LAKE LAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

3929 OLD ROAD 37
PO BOX 6785
LAKE LAND, 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
LAKE LAND, FL 33813 US

Name and Address of New Registered Agent:

FOWLER, KELLEY J
454 NIGH THAWK DRIVE
LAKE LAND, FL 33813 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: VENICE SULLIVAN

03/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T (X) Delete
Name: GRIBBLE, NORMA
Address: 429 NIGH THAWK DR
City-St-Zip: LAKE LAND, FL 33813

Title: D () Delete
Name: WOMBLE, PAUL
Address: 529 VILLA VISTA BLVD
City-St-Zip: LAKE LAND, FL 33813

Title: DAT () Delete
Name: HENRY, CHARLES
Address: 440 NIGH THAWK DR
City-St-Zip: LAKE LAND, FL 33813

Title: DP () Delete
Name: SULLIVAN, VENICE
Address: 414 NIGH THAWK DR
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: FOWLER, KELLEY
Address: 454 NIGH THAWK DRIVE
City-St-Zip: LAKE LAND, FL 33813

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

Title: () Change () Addition
Name:
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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: VENICE SULLIVAN

DP

03/08/2007

Electronic Signature of Signing Officer or Director

Date