

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90015 030 \*\*\*\*61.25

**DOCUMENT # 748070**

1. Entity Name

VIVA VILLAS CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

WINTER HAVEN DR.  
HUDSON FL 34667  
US

PO BOX 6008  
HUDSON FL 34674-6008  
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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2395636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CAROL B.  
8630 WINTER HAVEN DRIVE  
HUDSON FL 34667

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: S ☐ Delete  
NAME: DOMAIN, JUDITH  
STREET ADDRESS: 15933 ADUDE DR  
CITY-ST-ZIP: HUDSON FL 34667

TITLE: PRESIDENT ☐ Change ☒ Addition  
NAME: BORCHERING FRANK  
STREET ADDRESS: 8701 SUMMER DR  
CITY-ST-ZIP: HUDSON FL 34667

TITLE: T ☐ Delete  
NAME: SMITH, CAROL  
STREET ADDRESS: 8630 WINTER HAVEN DR  
CITY-ST-ZIP: HUDSON FL

TITLE: VICE PRESIDENT ☐ Change ☒ Addition  
NAME: ROLFES LARENE  
STREET ADDRESS: 8612 WINTER HAVEN DR  
CITY-ST-ZIP: HUDSON FL 34667

TITLE: D ☐ Delete  
NAME: LINES, DAN  
STREET ADDRESS: 16136 FROST DR  
CITY-ST-ZIP: HUDSON FL 34667

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D ☒ Delete  
NAME: RECH, LOUISETTE  
STREET ADDRESS: 16130 FROST DRIVE  
CITY-ST-ZIP: HUDSON FL

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D ☒ Delete  
NAME: ROLFES, BERNARD  
STREET ADDRESS: 8612 WINTER HAVEN DR  
CITY-ST-ZIP: HUDSON FL 34667

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Carol B. Smith*

CAROL B. SMITH

TREA

2-23-07

727-863-2605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #