

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 06, 2008 8:00 am**  
**Secretary of State**

08-06-2008 90029 001 \*\*\*\*36.75

08-06-2008 90029 002 \*\*\*\*24.50

**DOCUMENT # 748367**

1. Entity Name  
**VILLAS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**3968 N. MONROE ST  
TALLAHASSEE, FL 32303 US**

Mailing Address  
**P.O. BOX 180657  
TALLAHASSEE, FL 32318**

**66015777**



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

07312008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1937788**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**SBORDONE, LEANN  
HOMEOWNERS ASSOCIATION SERVICES  
3968 N. MONROE STREET  
TALLAHASSEE, FL 32303**

## 7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25  
Due by September 12, 2008**

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: **S** ☐ Delete  
NAME: **PAULSON, CYNTHIA**  
STREET ADDRESS: **149-A VILLAS CT SE**  
CITY-ST-ZIP: **TALLAHASSEE, FL 32303**

TITLE: **P** ☒ Delete  
NAME: **STRICKLAND, ROY**  
STREET ADDRESS: **133-C VILLAS COURT SE**  
CITY-ST-ZIP: **TALLAHASSEE, FL 32303**

TITLE: **D** ☒ Delete  
NAME: **STRANGE, JIM**  
STREET ADDRESS: **170 VILLAS COURT NE**  
CITY-ST-ZIP: **TALLAHASSEE, FL 32303**

TITLE: **T** ☒ Delete  
NAME: **STACONE, NELL**  
STREET ADDRESS: **191 VILLAS COURT NE**  
CITY-ST-ZIP: **TALLAHASSEE, FL 32303**

TITLE: **VP** ☒ Delete  
NAME: **MCCOY, CARL**  
STREET ADDRESS: **180-B VILLAS CT SE**  
CITY-ST-ZIP: **TALLAHASSEE, FL 32303**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: **P** ☐ Change ☒ Addition  
NAME: **Curtis Tyre**  
STREET ADDRESS: **132-A Villas Ct, SE**  
CITY-ST-ZIP: **Tallahassee, FL 32303**

TITLE: **D** ☐ Change ☒ Addition  
NAME: **Marilyn Strickland**  
STREET ADDRESS: **182 Villas Ct, NE**  
CITY-ST-ZIP: **Tallahassee, FL 32303**

TITLE: **T** ☐ Change ☒ Addition  
NAME: **Pat Lee**  
STREET ADDRESS: **116-C Villas Ct, SE**  
CITY-ST-ZIP: **Tallahassee, FL 32303**

TITLE: **VP** ☐ Change ☒ Addition  
NAME: **Jennifer Jewelllyn**  
STREET ADDRESS: **188 Villas Ct, NE**  
CITY-ST-ZIP: **Tallahassee, FL 32303**

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
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:**

*Leann Sbordone - Manager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-4-08**  
Date

**850-562-8708**  
Daytime Phone #