2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 748367

Entity Name: VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1575 LEE AVENUE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 3481
TALLAHASSEE, FL 323153481

New Mailing Address:

FEI Number: 59-1937788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, PHYLLIS J
% MILESTONE MGMT OF TALL.
1575 LEE AVENUE
TALLAHASSEE, FL 32303 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: S ( ) Delete
Name: PAULSON, CYNTHIA
Address: 149-A VILLAS CT SE
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete
Name: TYRE, CURTIS
Address: 132-A VILLAS CT., SE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: STRICKLAND, MARILYN
Address: 182 VILLAS CT NE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: LEE, PAT
Address: 116-C VILLAS CT., SE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP ( ) Delete
Name: LLEWWLLYN, JENNIFER
Address: 188 VILLAS CT., NE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARNETTE, JUDITH
Address: 164-C VILLAS CT SE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S (X) Change ( ) Addition
Name: SALIS, FAYE
Address: 132-B VILLAS CT., SE
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition
Name:
Address:
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 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: JUDITH ARNETTE P 04/14/2009

Electronic Signature of Signing Officer or Director — Date