

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # 749294

1. Entity Name
**VETERANS VILLAS I HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business Mailing Address
3005 STILLWELL CT 3005 STILLWELL CT
NEW PORT RICHEY, FL 34655 US NEW PORT RICHEY, FL 34655 US



02172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1945287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PEDERSON, ELIZABETH
3005 STILWELL CT
NEW PORT RICHEY, FL 34655**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MONTZ, WILLIAM
STREET ADDRESS	2953 WAINWRIGHT CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	PD
NAME	PEDERSON, ELIZABETH
STREET ADDRESS	3005 STILWELL CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VPD
NAME	FLORES, DIMARILIZ
STREET ADDRESS	3000 BRADLEY CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D
NAME	RYAN, RICAR
STREET ADDRESS	2950 WEST MORLAND DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	SD
NAME	COTTON, DOROTHY
STREET ADDRESS	3007 WAINWRIGHT CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/06/07-80030-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Elizabeth Pederson 2/17/07 727 372-9614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #