

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 011 ****70.00

DOCUMENT # 749294					
1. Entity Name VETERANS VILLAS I HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3005 STILLWELL CT NEW PORT RICHEY, FL 34655 US			Mailing Address 3005 STILLWELL CT NEW PORT RICHEY, FL 34655 US		
2. Principal Place of Business - No P.O. Box # 3123 Chalon Street		3. Mailing Address 3123 Chalon Street		01292008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Port Richey FL		City & State New Port Richey FL			
Zip 34655		Country USA		4. FEI Number 59-1945287	
5. Certificate of Status Desired <input checked="" 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			7. Name and Address of New Registered Agent Name: Theresa Ann Torchin Street Address (P.O. Box Number is Not Acceptable): 3123 Chalon Street City: New Port Richey FL Zip Code: 34655		
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: <u>Theresa Ann Torchin</u> 1/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 TD NAME MONTZ, WILLIAM STREET ADDRESS 2953 WAINWRIGHT CT. CITY - ST - ZIP NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE D NAME D STREET ADDRESS D CITY - ST - ZIP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME PEDERSON, ELIZABETH STREET ADDRESS 3005 STILWELL CT CITY - ST - ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Torchin, Theresa Ann STREET ADDRESS 3123 Chalon Street CITY - ST - ZIP New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME FLORES, DIMARILIZ STREET ADDRESS 3000 BRADLEY CT CITY - ST - ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE VD NAME Barry, Glenn STREET ADDRESS 2951 Westmoreland Court CITY - ST - ZIP New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME RYAN, RICAR STREET ADDRESS 2950 WEST MORLAND DR CITY - ST - ZIP NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE D NAME Gilmartin, John STREET ADDRESS 2949 Stilwell Court CITY - ST - ZIP New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME COTTON, DOROTHY STREET ADDRESS 3007 WAINWRIGHT CT CITY - ST - ZIP NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE S/T/D NAME S/T/D STREET ADDRESS S/T/D CITY - ST - ZIP S/T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME D STREET ADDRESS D CITY - ST - ZIP D	<input type="checkbox"/> Delete		TITLE D NAME Palouian, Jennifer STREET ADDRESS 2951 Wainwright Court CITY - ST - ZIP New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Theresa Ann Torchin</u> 1/29/08 727 376-0865 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40016266
#749294

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT PAGE 2

Section 11

Addition

D
Small, Marion
2954 Wainwright Court
New Port Richey, FL 34655

Document #748294
Veterans Villas Homeowners Association, Inc.

Theresa Ann Fuchini 1/29/08 727 376-0865