


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90142 017 \*\*\*\*70.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # 751085</b><br>1. Entity Name<br><b>VETERANS VILLAS II HOMEOWNERS ASSOCIATION, INC.</b>  |  |  |   |                                   |  |
| Principal Place of Business<br><b>2845 WESTMORELAND COURT<br/>NEW PORT RICHEY FL 34655</b>  |  |  | Mailing Address<br><b>2845 WESTMORELAND COURT<br/>NEW PORT RICHEY FL 34655</b>  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |  |
| City & State  |  | City & State   |   |  |  |
| Zip   | Country  | Zip  | Country   | 4. FEI Number <b>59-1984773</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |   | 1st MOORE CR2E037 (10/04)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HILLIARD, MARIE<br/>2926 WAIN WRIGHT CT.<br/>NEW PORT RICHEY FL 34655</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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.<br>SIGNATURE <u>M Hilliard - MARIE HILLIARD - SECRETARY - TREASURER 4-26-05</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make Check Payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>V</b><br><b>DERLY, KAREL</b><br><b>2914 WEST MORELAND CT.</b><br><b>NEW PORT RICHEY FL 34655</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V.D.</b><br><b>BOB FLYNN</b><br><b>2910 WAIN WRIGHT CT.</b><br><b>NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>HILL, CHARLES</b><br><b>2912 WAINWRIGHT CT.</b><br><b>NEW PORT RICHEY FL 34655</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P.D.</b><br><b>TOM KEHOE</b><br><b>2921 WAIN WRIGHT CT.</b><br><b>NEW PORT RICHEY, FL 34655</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>BORMAN, DAVID</b><br><b>2851 WAINWRIGHT CT</b><br><b>NEW PORT RICHEY FL 34655</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>STD</b><br><b>HILLIARD, MARIE</b><br><b>2926 WAINWRIGHT COURT</b><br><b>NEW PORT RICHEY FL 34655</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>FLYNN, BOB</b><br><b>2910 WAINWRIGHT CT.</b><br><b>NEW PORT RICHEY FL 34655</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>KEHOE, TOM</b><br><b>292 WAINWRIGHT CT.</b><br><b>NEW PORT RICHEY FL 34655</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |  |  |   |  |  |
| <b>SIGNATURE: M Hilliard MARIE HILLIARD 4-26-05 727-859-4614</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |   |  |  |