
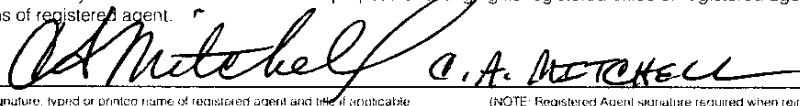
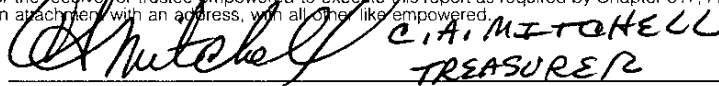


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90444 047 ****70.00

DOCUMENT # 751085 1. Entity Name VETERANS VILLAS II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2845 WESTMORELAND COURT NEW PORT RICHEY FL 34655			Mailing Address 2845 WESTMORELAND COURT NEW PORT RICHEY FL 34655		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1984773 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILLIARD, MARIE 2926 WAIN WRIGHT CT. NEW PORT RICHEY FL 34655				7. Name and Address of New Registered Agent Name CAROL A. MITCHELL Street Address (P.O. Box Number is Not Acceptable) 7552 CONGRESS ST. STE 1 City NEW PORT RICHEY FL 34653	
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  C.A. MITCHELL DATE 4/18/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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. DIRECTORS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLYNN, BOB 2910 WAIN WRIGHT COURT NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, CHARLES 2912 WAINWRIGHT CT. NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORMAN, DAVID 2851 WAINWRIGHT CT NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HILLIARD, MARIE 2926 WAINWRIGHT COURT NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, BOB 2910 WAINWRIGHT CT. NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEHOE, TOM. 2921 WAINWRIGHT CT. NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JULIE KEHOE 2921 WAINWRIGHT CT NEW PORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DIRECTOR CAROL A. MITCHELL 7552 CONGRESS ST STE 1 NEW PORT RICHEY FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DIRECTOR GAIL EDWARDS 2935 WESTMORELAND CT NEW PORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR V.P. MARCEY ROTZ 2901 WESTMORELAND CT NEW PORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P KEHOE, TOM 2921 WAINWRIGHT CT NEW PORT RICHEY FL 34655	<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 exemptions contained in Section 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:  C.A. MITCHELL TREASURER DATE 4/18/06 PHONE # 727-845-8104 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					