

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 Country



1st MOORE CR2E037 (10/05)

4. FEI Number: **59-1984773** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$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 Zip Code: **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: *[Signature]* **C.A. MITCHELL** DATE: **4/18/06**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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: VD NAME: FLYNN, BOB STREET ADDRESS: 2910 WAIN WRIGHT COURT CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR NAME: JULIE KEHOE STREET ADDRESS: 2921 WAINWRIGHT CT CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: HILL, CHARLES STREET ADDRESS: 2912 WAINWRIGHT CT. CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete	TITLE: TREASURER DIRECTOR NAME: CAROL A. MITCHELL STREET ADDRESS: 7552 CONGRESS ST STE 1 CITY-ST-ZIP: NEW PORT RICHEY FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BORMAN, DAVID STREET ADDRESS: 2851 WAINWRIGHT CT CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete	TITLE: SECRETARY DIRECTOR NAME: GAIL EDWARDS STREET ADDRESS: 2935 WESTMORELAND CT CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: HILLIARD, MARIE STREET ADDRESS: 2926 WAINWRIGHT COURT CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR V.P. NAME: MARCEY ROTZ STREET ADDRESS: 2901 WESTMORELAND CT CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: FLYNN, BOB STREET ADDRESS: 2910 WAINWRIGHT CT. CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete	TITLE: D P NAME: KEHOE, TOM STREET ADDRESS: 2921 WAINWRIGHT CT CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KEHOE, TOM. STREET ADDRESS: 292/WAINWRIGHT CT. CITY-ST-ZIP: NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete		

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: *[Signature]* **C.A. MITCHELL** DATE: **4/18/06** **727-845-8104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #