

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90039 046 \*\*\*\*61.25

**DOCUMENT # 754687**

1. Entity Name  
**THE VILLAS OF CASSELBERRY HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
14125 SERENA LAKE DR.  
ORLANDO, FL 32837 US

Mailing Address  
P.O. BOX 771555  
ORLANDO, FL 32877

**66003109**



2. Principal Place of Business - No P.O. Box #

**1128 East Donegan Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**1128 East Donegan Ave**  
Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State  
**Kissimmee FL**

City & State  
**Kissimmee FL**

4. FEI Number  
**59-2031493**

Applied For  
Not Applicable

Zip  
**34744**

Country  
**USA**

Zip  
**34744**

Country  
**USA**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, FRAYDA R  
CENTRAL ASSOCIATION MANAGEMENT, LLC  
14125 SERENA LAKE DR.  
ORLANDO, FL 32837**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

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, 2008**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
LEONBRUNO, DAVID  
3437 ALLSTON LANE  
WINTER PARK, FL 32792** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
PAGAN, KATHY  
3432 ALSTON LANE  
WINTER PARK, FL 32792** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BERRY, PATRICK  
3129 FAIRWOOD CT  
WINTER PARK, FL 32792** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
EMILESON, DEBBIE  
1825 BLAINE TERR  
WINTER PARK, FL 32792** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Patrick Berry  
3129 Fairwood Court  
Winter Park, FL 32792** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Steve Borch  
3418 Hamlet Loop  
Winter Park, FL 32792** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Carlos Santiago  
1830 Blaine Terrace  
Winter Park, FL 32792** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Sharon Miller  
3404 Hamlet Loop  
Winter Park, FL 32792** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Debbie Emillson  
1825 Blaine Terrace  
Winter Park, FL 32792** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
David Leonbruno  
3137 Allston Lane  
Winter Park, FL 32792** ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/08 407-933-1311**  
Date Daytime Phone #