

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90028 029 \*\*\*\*61.25

**DOCUMENT # 757180**



1. Entity Name  
 LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business  
 231 RUBY AVENUE  
 SUITE A  
 KISSIMMEE, FL 34741 US

Mailing Address  
 231 RUBY AVENUE  
 SUITE A  
 KISSIMMEE, FL 34741

40050650



2. Principal Place of Business - No P.O. Box #  
 4 Lake Villa Way  
 Suite, Apt. #, etc.

3. Mailing Address  
 4 Lake Villa Way  
 Suite, Apt. #, etc.

01052008 Chg-NP CR2E037 (12/06)

City & State  
 Kissimmee, FL

City & State  
 Kissimmee, FL

Zip  
 34743

Country  
 USA

Zip  
 34743

Country  
 USA

4. FEI Number  
 59-2187636

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 Association Solutions of Central Florida  
 231 Ruby Ave. Suite A  
 Kissimmee, FL 34741

7. Name and Address of New Registered Agent  
 Name Patrick D'Brien  
 Street Address (P.O. Box Number is Not Acceptable)  
 4 Lake Villa Way  
 City Kissimmee FL Zip Code 34743

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: Patrick D'Brien DATE: 3-1-08  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>HOLMES, VIVIAN<br>23 LAKE VILLA WAY<br>KISSIMMEE, FL 34743   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>O'BRIEN, PATRICK<br>54 LAKE VILLA WAY<br>KISSIMMEE, FL 34743 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>ROSADO, RONALD<br>109 LAKE VILLA WAY<br>KISSIMMEE, FL 34743 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |   |
|--|--|---|
| 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 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |  | <input 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 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: Vivian D. Holmes DATE: 3/1/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

ATTACHMENT 40038696  
#757180

2/22/08

CORPORATE DETAIL RECORD SCREEN

2:29 PM

NUM: 757180 ST:FL ACTIVE/FL NON-PROF FLD: 05/06/1981  
LAST: REINSTATEMENT FLD: 04/16/1985  
FEI#: 59-2187636

NAME : LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.  
PRINCIPAL: 231 RUBY AVENUE CHANGED: 04/30/07  
ADDRESS SUITE A  
KISSIMMEE, FL 34741 US  
MAILING : 231 RUBY AVENUE CHANGED: 04/30/07  
ADDRESS SUITE A  
KISSIMMEE, FL 34741  
RA NAME : ASSOCIATION SOLUTIONS OF CENTRAL FLORIDA  
RA ADDR : 231 RUBY AVE.  
SUITE A RESIGNED: 12/14/07  
KISSIMMEE, FL 34741 US  
ANN REP : (2005) W 06/14/05 (2006) W 04/06/06 (2007) W 04/30/07

2/22/08

OFFICER/DIRECTOR DETAIL SCREEN

2:30 PM

CORP NUMBER: 757180 CORP NAME: LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATI  
TITLE: SD NAME: HOLMES, VIVIAN  
23 LAKE VILLA WAY  
KISSIMMEE, FL 34743  
TITLE: PD NAME: O'BRIEN, PATRICK  
54 LAKE VILLA WAY  
KISSIMMEE, FL 34743  
TITLE: VTD NAME: ROSADO, RONALD  
109 LAKE VILLA WAY  
KISSIMMEE, FL 34743

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. TOP, 4. EVENTS

ENTER SELECTION AND CR:

ATTACHMENT 40038696

# 757180

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lake Villas Q and R Homeowners Assoc. Inc

2. The principal office address: 4 Lake Villa Way Kissimmee FL 34743

3. The mailing address (if different):

4. Date of incorporation/qualification: 5/6/81 Document number: 757180

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Association Solutions 231 Ruby Avenue Suite A Kissimmee, FL 34741

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Patrick D'Brien 4 Lake Villa Way Kissimmee FL 34743 (P.O. Box NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Patrick D'Brien (Signature of an officer or director)

Patrick D'Brien, President (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Patrick D'Brien (Signature of Registered Agent)

2-9-08 (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314