2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757549

FILED May 01, 2008 Secretary of State

Entity Name: THE VILLAS III HOMEOWNERS ASSOCIATION, INC.

Current B	oringinal Blace of Business	New Principal Place of Pusiness	
3803 OLD	Principal Place of Business:	New Principal Place of Business:	
	D, FL 33813 US		
Current Mailing Address:		New Mailing Address:	
BOX 6782 LAKELAN	D, FL 338076782 US		
In accordar	r: 59-2665242 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did not	•	
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:	
NORMA, PLANK 624 LAKE CAROLYN CIR LAKELAND, FL 33813 US		FREEMAN, EUMID N PRES. 568 LAKE MYSTIC LANE LAKELAND, FL 33813 US	
	e named entity submits this statement for the pure of Florida.	urpose of changing its registered office or registered agent, or both,	
SIGNATU	RE: EUMID N. FREEMAN	05/01/2008	
	Electronic Signature of Registered Ager	nt Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	T () Delete RICHISON, NANCY 584 LAKE MYSTIC LANE LAKELAND, FL 33813	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	VP () Delete MARTIN, MARK 535 LAKE CAROLYN CIR LAKELAND, FL 33813	Title: VP (X) Change () Addition Name: LITTLE, TAMI Address: 614 LAKE CAROLYN CIR City-St-Zip: LAKELAND, FL 33813	
Title: Name: Address: City-St-Zip:	P () Delete NORMA, PLANK 624 LAKE CAROLYN CIRCLE LAKELAND, FL 33813	Title: P (X) Change () Addition Name: FREEMAN, EUMID N Address: 568 LAKE MYSTIC LANE City-St-Zip: LAKELAND, FL 33813	
Title:	S () Delete HUND, ROXIANNA	Title: () Change () Addition	
Name: Address: City-St-Zip:	588 LAKE MYSTIC LANE LAKELAND, FL 33813	Name: Address: City-St-Zip:	
Address:	588 LAKE MYSTIC LANE	Address:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY S. RICHISON T 05/01/2008