

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757549

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE VILLAS III HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3803 OLD RD 37
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

BOX 6782
LAKELAND, FL 338076782 US

New Mailing Address:

FEI Number: 59-2665242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, EUMID N PRES.
568 LAKE MYSTIC LANE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RICHISON, NANCY
Address: 584 LAKE MYSTIC LANE
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: LITTLE, TAMI
Address: 614 LAKE CAROLYN CIR
City-St-Zip: LAKELAND, FL 33813

Title: P () Delete
Name: FREEMAN, EUMID N
Address: 568 LAKE MYSTIC LANE
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: HUND, ROXIANNA
Address: 588 LAKE MYSTIC LANE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: LASALLE, BILL
Address: 525 LAKE CAROLYN CIR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: CRUMLEY, JOHN
Address: 415 LAKE CAROLYN CIRCLE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: RICHISON, NANCY
Address: 584 LAKE MYSTIC LANE
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BEUTH, RICHARD
Address: 544 LAKE MYSTIC LANE
City-St-Zip: LAKELAND, FL 33813

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

04/29/2009

Electronic Signature of Signing Officer or Director

Date