

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90038 030 \*\*\*\*61.25



**DOCUMENT # 759352**  
 1. Entity Name  
**MICHELLE VILLAS OWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 5190 26TH STR W 5190 26TH STR W  
 STE J STE J  
 BRADENTON FL 34207 BRADENTON FL 34207  
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

4. FEI Number **59-2264496** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**MATTHEWS, TERENCE**  
**5209 26TH STREET WEST**  
**BRADENTON FL 34207**

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 reconstituting) DATE \_\_\_\_\_

**FILE NOW: 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	<del>BVP</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>HOFFMAN, DEBORAH A</del>	
STREET ADDRESS	<del>4480 FAIRLANS DR.</del>	
CITY- ST- ZIP	<del>OKEMOS MI 48864</del>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MINNEMIN, ELIZABETH	
STREET ADDRESS	2812 48TH AVE DR. W.	
CITY- ST- ZIP	BRADENTON FL 34207	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MITTERANDÓ, ANGELO	
STREET ADDRESS	62 PORTLAND RD	
CITY- ST- ZIP	HIGHLAND NJ 07732	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TERZUOLE, SAMUEL J	
STREET ADDRESS	6809 74TH ST CIR E	
CITY- ST- ZIP	BRADENTON FL 34203	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HALLER, EDWARD	
STREET ADDRESS	208 18TH STREET WEST	
CITY- ST- ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MR. (DVP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONY C. WESTENHOFER	
STREET ADDRESS	2703 48TH AVE DR. W.	
CITY- ST- ZIP	BRADENTON, FL. 34207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: *Samuel J. Terzuole* **SAMUEL J. TERZUOLE** <sup>D.T.</sup> 4-11-07 941-758-6000