

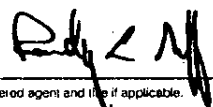
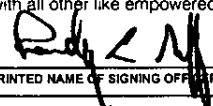


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90011 024 ****61.25

DOCUMENT # 760631 1. Entity Name CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 218 E BEARSS AVE 241 TAMPA, FL 33613-1625 US			Mailing Address 218 E BEARSS AVE PMB 241 TAMPA, FL 33613-1625 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01092008 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2868182				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ALLIANCE MGMT CORP 218 E BEARSS AVE 241 TAMPA, FL 33613				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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  </div> <div style="width: 40%; text-align: center;"> (NOTE: Registered Agent signature required when reinstating) </div> <div style="width: 20%; text-align: right;"> DATE </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNDERWOOD, DON 23237 CLUB VILLAS DR. LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAGNESE DULL 23221 CLUB VILLAS DR LAND O LAKES, FL 34639	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODCHILD, VERA 23309 CLUB VILLAS DR. LAND O LAKES, FL 34639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMARIANNE FRANZEN 23331 CLUB VILLAS DR LAND O LAKES, FL 34639	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DABNEY, LORRAINE 23235 CLUB VILLAS DR. LAND O LAKES, FL 34639	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIXON, JOY 23233 CLUB VILLAS DR. LAND O LAKES, FL 34639	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIMMER, BONNIE 23313 CLUB VILLAS DR. LAND O LAKES, FL 34639	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 			2-11-08 813-932-7700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		