

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # J18206

1. Entity Name
TUDOR VILLAS REALTY CORP.



Principal Place of Business
3613 DEL PRADO BLVD
CAPE CORAL, FL

Mailing Address
3613 DEL PRADO BLVD
CAPE CORAL, FL



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2751056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANSSON, H. ANDERS
523 SW 53 TERR
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

B. 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 restate.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

000000872416
04/10/08-80036-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MANSSON, H. ANDERS 523 SW 53 TERR CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASON, LARS 1504 SW 56TH TERR CAPE CORAL, FL
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**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #