

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005295

FILED  
Sep 14, 2009  
Secretary of State

**Entity Name:** COMMUNITY ASSOCIATION FOR THE VILLAS ON THE LAKE, INC.

**Current Principal Place of Business:**

2529 N.W. 49TH AVENUE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 358446  
GAINESVILLE, FL 326358446

**New Mailing Address:**

**FEI Number:** 59-3735172      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PEARSON, OLIVIA  
2529 NW 49TH AVE.  
GAINESVILLE, FL 32605      US

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: P ( ) Delete  
Name: MCGINLEY, JANE  
Address: P.O. BOX 358446  
City-St-Zip: GAINESVILLE, FL 326358446

Title: V ( ) Delete  
Name: LOGAN, CATHERINE  
Address: P.O. BOX 358446  
City-St-Zip: GAINESVILLE, FL 326358446

Title: T ( ) Delete  
Name: SHINSKEY, DALE  
Address: P.O. BOX 358446  
City-St-Zip: GAINESVILLE, FL 326358446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BETTY, FAIR  
Address: P.O. BOX 358446  
City-St-Zip: GAINESVILLE, FL 326358446

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

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

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: DALE A. SHINSKEY

T

09/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date