

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005295

FILED  
Jun 06, 2010  
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:**

2453 N.W. 49TH AVENUE  
GAINESVILLE, FL 32605

**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:**

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

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

FAIR, BETTY  
2521 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: BETTY FAIR

06/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BETTY, FAIR  
Address: P.O. BOX 358446  
City-St-Zip: GAINESVILLE, FL 326358446

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

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

I hereby 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 all other like empowered.

SIGNATURE: DALE A SHINSKEY

TREA

06/06/2010

Electronic Signature of Signing Officer or Director

Date