

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01091

FILED  
Feb 24, 2012  
Secretary of State

**Entity Name:** VILLAS OF LAKE ARBOR COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

701 ENTERPRISE ROAD EAST  
SUITE 405  
SAFETY HARBOR,, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

701 ENTERPRISE ROAD EAST  
SUITE 405  
SAFETY HARBOR,, FL 34695

**New Mailing Address:**

**FEI Number:** 59-2987563

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRICK, JOHN H  
701 ENTERPRISE ROAD EAST  
405  
SAFETY HARBOR, FL 34695 US

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

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: PD  
Name: ZUZACK, SHIRLEY  
Address: 2242 BLOSSOM WAY  
City-St-Zip: CLEARWATER, FL 33763

Title: SD  
Name: HAYTER, HELEN  
Address: 2060 VILLA TERRACE  
City-St-Zip: CLEARWATER, FL 33763

Title: TD  
Name: PERRY, BETTY  
Address: 2040 LAKEVIEW DRIVE #106  
City-St-Zip: CLARWATER, FL 33763

Title: VPD  
Name: FISCHETTI, GNE  
Address: 2068 VILLA TERRACE  
City-St-Zip: CLEARWATER, FL 33763

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: SHIRLEY ZUZACK

PRES

02/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date