2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001336

FILED Mar 06, 2007 Secretary of State

Entity Name: VILANO OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3501-B PONCE DE LEON BLVD 205 SECOND STREET ST AUGUSTINE, FL 32084 #382 ST AUGUSTINE, FL 32084 **New Mailing Address: Current Mailing Address:** 3501-B PONCE DE LEON BLVD P.O. BOX 767 #382 ST AUGUSTINE, FL 32085 US ST AUGUSTINE, FL 32085 FEI Number: 04-3614044 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOSCO, ANTHONY 205 SECOND STREET ST AUGUSTINE, FL 32084 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition BOSCO, ANTHONY PRES Name: Name: 205 SECOND STREET Address: Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: Title: () Delete Title: () Change () Addition COXE, WALTER VP Name: Name: Address: 308 FIRST STREET Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: Title: **TRES** () Delete Title: SEC (X) Change () Addition CHANDLER, TIMOTHY TRES Name: ARBUTHNOT, JANET SEC Name: Address: 305 FIRST STREET Address: 312 FIRST STREET City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: ST AUGUSTINE, FL 32084 Title: SEC (X) Delete Title: () Change () Addition Name: RIVERA, HAYDEE SEC Name: Address: 4321 PALMETTO STREET Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER COXE VP 03/06/2007