2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90087 042 ****61.25

DOCUMENT # N02000005911

1. Entity Name
VERSAILLES I PROPERTY OWNER'S ASSOCIATION, INC.

94039259

Principal Place of Business	Mailing Address
~~2020 CLUBHOUSE DRIVE~~ ~~SUN CITY CENTER, FL 33573~~	~~2020 CLUBHOUSE DRIVE~~ ~~SUN CITY CENTER, FL 33573~~

02072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
409 E. College Ave	P.O. Box 1058
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ruskin, Fl.	City & State: Ruskin, Fl.
Zip: 33570 Country:	Zip: 33575 Country:

4. FEI Number 72-1534392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HASTINGS, VIVIEN N 34301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134	Name: Lou Ellen Wilson Street Address (P.O. Box Number is Not Acceptable): 409 E. College Ave City: Ruskin FL Zip Code: 33570

8. 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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEYER, R.C. JR. 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O/P Timothy Cunningham 1107 Jasmine Sun City Center, Fl. 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NELSON, GARY 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O/VP Stanley Stough 1106 Jasmine Sun City Center, Fl. 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KEITH, SYLVIA 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O/S Nancy Willett 1117 Jasmine Sun City Center, Fl. 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O/T Jerry Fogle 1206 Emerald Dr. Sun City Center, Fl. 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Ray Mordell 1220 Jasmine Sun City Center, Fl. 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____ 3/23/04 (813) 645-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Timothy Cunningham, President