

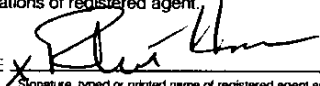
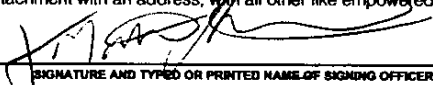


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90051 040 ****61.25

DOCUMENT # N02000007409					
1. Entity Name VILLA DEL SOL AT MEADOW WOODS CONDOMINIUM NO. 2, ASSOCIATION INC.					
Principal Place of Business C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809			Mailing Address C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809		
2. Principal Place of Business - No P.O. Box # C/O HARA MANAGEMENT, INC. Suite, Apt. #, etc. 118 N. Wymore Road City & State Winter Park, FL Zip 32789 Country ORANGE		3. Mailing Address C/O HARA MANAGEMENT, INC. Suite, Apt. #, etc. 118 N. Wymore Road City & State Winter Park, FL Zip 32789 Country ORANGE			
					
02022007 Chg-NP CR2E037 (12/06)					
4. FEI Number 65-1166223				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LELAND MGMT HARA MANAGEMENT, INC. 8009 S. ORANGE AVE 118 N. Wymore Rd ORLANDO, FL 32809 ORLANDO, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  Robert Hara x 2-2-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP GUNTIE, MATT <input type="checkbox"/> Delete 1612 GOLDEN POPPY CT ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOTO, YOLANDO <input checked="" type="checkbox"/> Delete 1457 FLEDGLING CT ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Mildred Bonilla <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 522 Villa Del Sol Circle #103 Orlando, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BONILLA, JUNIATA <input checked="" type="checkbox"/> Delete 522 VILLA DEL SOL CIR #103 ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Herman Perez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 522 Villa Del Sol Circle #101 Orlando, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  3/12/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					