




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90322 048 ****61.25

DOCUMENT # N02000007409					
1. Entity Name VILLA DEL SOL AT MEADOW WOODS CONDOMINIUM NO. 2, ASSOCIATION INC.					
Principal Place of Business C/O HARA MANAGEMENT, INC 118 N WYMORE RD WINTER PARK, FL 32789			Mailing Address C/O HARA MANAGEMENT, INC 118 N WYMORE RD WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # C/O HARA Management, Inc Suite, Apt. #, etc. 931 S Semoran Blvd #214 City & State Winter Park, FL Zip 32792		3. Mailing Address C/O HARA Management, Inc Suite, Apt. #, etc. 931 S Semoran Blvd #214 City & State Winter Park, FL Zip 32792			
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 HARA MANAGEMENT, INC. 118 N WYMORE RD WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name <u>HARA Management, Inc</u> Street Address (P.O. Box Number is Not Acceptable) <u>931 S. Semoran Blvd #214</u> City <u>Winter Park</u> <u>FL</u> Zip Code <u>32792</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 1612 GOLDEN POPPY CT ORLANDO, FL 32824	<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	DST PEREZ, HERMAN 522 VILLA DEL SOL CIRCLE #101 ORLANDO, FL 32824	<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	DST BONILLA, MILDRED 522 VILLA DEL SOL CIR #103 ORLANDO, FL 32824	<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	
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 another like empowered.					
SIGNATURE: 			Date <u>4/23/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					