

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008485

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: VILLAS OF SPYGLASS, INC.

**Current Principal Place of Business:**

12 SYGLASS DR  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

12 SYGLASS DR  
DESTIN, FL 32550

**New Mailing Address:**

FEI Number: 81-0574120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TORRES, EDDIE J  
12 SPYGLASS DR.  
DESTIN, FL 32550 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: D ( ) Delete  
Name: TORRES, EDDIE  
Address: 12 SPYGLASS DR.  
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete  
Name: BENITONE, DONNA  
Address: 34 SPYGLASS DR.  
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete  
Name: ANDREA, FARRELL  
Address: 245 SWEETWATER RUN  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: ELIZABETH, TORRES  
Address: 12 SPYGLASS DR.  
City-St-Zip: DESTIN, FL 32550

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WALKER, TROY  
Address: 1144 LAKE GULCH  
City-St-Zip: CASTLE ROCK, CO 80114

Title: D (X) Change ( ) Addition  
Name: GENGERKE, HOWARD  
Address: 5552 SOUTH TELLURIDE CT  
City-St-Zip: CENTENNIAL, CO 80015

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BRUCE, BUCHANAN  
Address: 34 SPYGLASS DR  
City-St-Zip: MIRAMAR BCH, FL 32550

I hereby certify that the information supplied with this filing does not qualify 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: EDDIE TORRES

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date