

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N02000008485

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: WALKER, TROY
Address: 1144 LAKE GULCH
City-St-Zip: CASTLE ROCK, CO 80114

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

_____ Electronic Signature of Signing Officer or Director

OFFI

05/01/2008

_____ Date