



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90162 049 ****61.25

DOCUMENT # N02000008938					
1. Entity Name VILLA DEL SOL AT MEADOW WOODS CONDOMINIUM ASSOCIATION INC., NO. 4					
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 # HARA Management, Inc Suite, Apt. #, etc. 118 N. Wymore Rd City & State Winter Park, FL Zip 32789 Country ORANGE		3. Mailing Address HARA Management, Inc Suite, Apt. #, etc. 118 N. Wymore Rd City & State Winter Park, FL Zip 32789 Country ORANGE		400-3100 	
4. FEI Number 65-1166297		02022007 Chg-NP CR2E037 (12/06)			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809			7. Name and Address of New Registered Agent HARA Management, Inc 118 N. Wymore Road Winter Park, FL 32789		
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Robert Hara <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE: 2-2-07	
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 VIDAL, CLAUDIA 527 VILLA DEL SOL CIRCLE, #202 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 GUMTIE, MATT 1612 GOLDEN POPPY COURT ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Matt Guntie 1612 Golden Poppy Court Orlando FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VIDAL, CLAUDIA 527 VILLA DEL SOL CIRCLE #202 ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Ramon P. Tre 455 Chicago Woods Cir Orlando FL 32824 <input type="checkbox"/> Change <input checked="" 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		
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/20/07		Daytime Phone #	