

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2008 90322 050 \*\*\*\*61.25

<b>DOCUMENT # N02000008938</b> 1. Entity Name VILLA DEL SOL AT MEADOW WOODS CONDOMINIUM ASSOCIATION INC., NO. 4			
Principal Place of Business HARA MGMT INC <del>118 N WYMORE RD</del> WINTER PARK, FL 32789		Mailing Address HARA MGMT INC <del>118 N WYMORE RD</del> 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 Country US		3. Mailing Address c/o HARA Management, Inc Suite, Apt. #, etc. 931 S. Semoran Blvd #214 City & State Winter Park, FL Zip 32792 Country US	
4. FEI Number 03072008 Chg-NP CR2E037 (12/06)		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 MGMT INC <del>118 N WYMORE RD</del> WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name HARA Mgmt, Inc Street Address (P.O. Box Number is Not Acceptable) 931 S. Semoran Blvd #214 City Winter Park FL Zip Code 32792	
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		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			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIDAL, CLAUDIA 527 VILLA DEL SOL CIRCLE, #202 ORLANDO, FL 32824	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUMTIE, MATT 1612 GOLDEN POPPY COURT ORLANDO, FL 32824	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RAMON, PITRE 455 CHICAGO WOODS CIR ORLANDO, FL 32824	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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.			
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/23/08</u> Daytime Phone # _____	