

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008940

FILED
Apr 20, 2007
Secretary of State

Entity Name: VILLA DEL SOL AT MEADOW WOODS CONDOMINIUM ASSOCIATION INC., NO. 5

Current Principal Place of Business:

8009 S. ORANGE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

C/O PROPER-T-MANAGEMENT INC.
KISSIMMEE, FL 34741

Current Mailing Address:

8009 S. ORANGE AVE
ORLANDO, FL 32809 US

New Mailing Address:

C/O PROPER-T-MANAGEMENT INC.
P.O. BOX 772018
ORLANDO, FL 32877 US

FEI Number: 65-1166299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPER-T-MANAGEMENT INC
2909 GRAFTON DRIVE
KISSIMMEE, FL 34741 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: DP () Delete
Name: LOPEZ, ANTONIO
Address: 495 LOS CORTES LANE #106
City-St-Zip: ORLANDO, FL 32824

Title: DV () Delete
Name: GUMTIE, MATT
Address: 1612 GOLDEN POPPY COURT
City-St-Zip: ORLANDO, FL 32824

Title: DST () Delete
Name: PLAZA, HERMINIO
Address: 489 LOS CORTES LANE # 102
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DST (X) Change () Addition
Name: CARLOS, RODRIGUEZ
Address: 5611 TOMOKA AVE. - PO BOX 220
City-St-Zip: INTERCESSION CITY, FL 33848

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTONIO LOPEZ

DP

04/20/2007

Electronic Signature of Signing Officer or Director

Date