

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90197 032 ****61.25

DOCUMENT # N02000008941			
1. Entity Name VILLA DEL SOL AT MEADOW WOODS CONDOMINIUM ASSOCIATION INC. NO. 3			
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 # C/O HARA Management, Inc. Suite, Apt. #, etc. 118 N. Wymore Road City & State Winter Park FL Zip 32789 Country ORANGE		3. Mailing Address C/O HARA Management, Inc. Suite, Apt. #, etc. 118 N. Wymore Road City & State Winter Park, FL Zip 32789 Country ORANGE	
4. FEI Number 65-1166295		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 LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>[Signature]</u> <u>Robert Hara</u> <u>x 2-2-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 GUMTIE, MATT S 1612 GOLDEN POPPY CT. 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 MARTINEZ, JORGE 13215 VILLA VISTA DR. #204 ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete	DST Derek Lall 13215 Villa Vista Drive Orlando, FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOTO, YOLANDO 13215 VILLA VISTA DR. #102 ORLANDO, FL 32824 <input type="checkbox"/> Delete	DVP Kenny Lall 13207 Villa Vista Drive #103 Orlando, FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<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
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/20/07</u> Daytime Phone #	

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