2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009849

1. Entity Name
VILLAS DEL SOL OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
61 COBIA RUN WEST SEACREST BEACH, FL 32541	PO BOX 611707 ROSEMARY BEACH, FL 32461

DO NOT WRITE IN THIS SPACE

60017237

01292007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
20-0386402	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STENBERG, CINDY
67 SEACREST BEACH BLVD., E
PANAMA CITY BEACH, FL 32413

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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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2007**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	MALEVER, GREG
STREET ADDRESS	6025 SANDY SPRING CIRCLE SUITE 334
CITY-ST-ZIP	ATLANTA,, GA 30328

TITLE	D
NAME	WILLIAMS, LYNN
STREET ADDRESS	7370 RICHMOND WAY
CITY-ST-ZIP	CUMMING, GA 30040

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #