
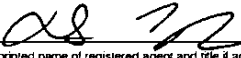
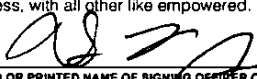


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90235 029 ****61.25

DOCUMENT # N04000001633 1. Entity Name LAS VILLAS DE ORLEANS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 308 S ORLEANS AVE #4 TAMPA, FL 33606 US			Mailing Address 308 S ORLEANS AVE #4 TAMPA, FL 33606 US		
2. Principal Place of Business Suite, Apt. #, etc. 308 S. Orleans Ave. #3		3. Mailing Address 308 S. Orleans Ave #3			
City & State Tampa FL		City & State Tampa FL		4. FEI Number NOT APPLICABLE	
Zip 33606		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATCHER, MICHAEL G 308 S ORLEANS AVE #4 TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Norman Bledsoe Street Address (P.O. Box Number is Not Acceptable) 308 S Orleans Ave. Unit 3 City Tampa FL Zip Code 33606	
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></u> April 30, 2006 <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, 2006		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	PT HATCHER, MICHAEL G 308 S ORLEANS AVE #4 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T Bledsoe, Norman 308 S. Orleans Ave. #3 Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCKLEY, DEANA 308 S ORLEANS AVE #1 TAMPA, FL 33606	<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	S SANACORE, DENNIS 308 S ORLEANS AVE #3 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Gilliam, Matthew 308 S. Orleans Ave. #2 Tampa, FL 33606
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"/> 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"/> 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></u> Norman S. Bledsoe, Jr. April 30, 2006 (813) 857-8218 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					