

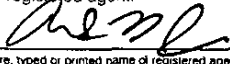



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000001633		
1. Entity Name LAS VILLAS DE ORLEANS HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 308 S ORLEANS AVE #3 TAMPA, FL 33606 US		Mailing Address 308 S ORLEANS AVE #3 TAMPA, FL 33606 US
DO NOT WRITE IN THIS SPACE		
		 01042007 No Chg-NP CR2E037 (4/06)
		4. FEI Number NOT APPLICABLE
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BLEDSON, NORMAN 308 S ORLEANS AVE UNIT 3 TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE
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)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		DATE 01/09/07-80045-004 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BLEDSON, 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	
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		January 6, 2006 (813) 857-8218 Date Daytime Phone #