

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-25-2008 90121 028 \*\*\*61.24  
N04000009085

|                                                                       |                                                                                   |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N04000009085</b>                                        |  |
| 1. Entity Name<br><b>THE VILLAS AT FAIRLOOP RUN ASSOCIATION, INC.</b> |                                                                                   |

**FILED**

08 MAY 20 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                                                                                         |                                                                                             |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business<br>C/O TROPICAL ISLES<br>12734 KENWOOD LANE, SUITE 49<br>FT MYERS, FL 33907 | Mailing Address<br>C/O TROPICAL ISLES<br>12734 KENWOOD LANE, SUITE 49<br>FT MYERS, FL 33907 |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip                                            | Country             |

01292008 Chg-NP CR2E037 (12/06)

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>51-0525189 | Applied For<br><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<br><br>RUDLAND, MARK<br>12734 KENWOOD LN. STE 49<br>FORT MYERS, FL 33907 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MEYER, ESTHER<br>4747 FAIRLOOP RUN<br>LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>Esther Myers<br>4747 Fairloop Run<br>Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BULTER, PATTY<br>4720 FAIRLOOP RUN<br>LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASM<br>RUDLAND, MARK<br>12734 KENWOOD LANE, SUITE 49<br>FT MYERS, FL 33907 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WALSH, ALAN<br>4813 FAIRLOOP RUN<br>LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Walsh, Alan<br>4813 Fairloop Run<br>Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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: MARK RUDLAND 4/8/08 259-259-2999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*[Handwritten signature]*