# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2005**
**Secretary of State**

DOCUMENT# N04000010709

**Entity Name:** THE VILLAS OF SAN MARINO AT PALM HARBOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1102 WEST CASS STREET
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

1102 WEST CASS STREET
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number: 20-2046029** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SADORF, RICK W
2201 NE COACHMAN RD
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: OXTAL, RONALD A
Address: 1102 WEST CASS STREET
City-St-Zip: TAMPA, FL 33606

Title: DV ( ) Delete
Name: HENDRY, HAYNES T
Address: 1102 WEST CASS STREET
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: HAYDEN, FRANK R
Address: 4422 N CHURCH STREET SUITE J
City-St-Zip: TAMPA, FL 33614

Title: ST ( ) Delete
Name: HOLDER, RICHARD
Address: 4422 N CHURCH STREET SUITE J
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD A. OXTAL DP 02/18/2005

Electronic Signature of Signing Officer or Director — Date