2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# N04000010709

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

Current Principal Place of Business:

C/O SEABOARD ARBORS MGMT SERVICES
2189 CLEVELAND ST., SUITE 225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

C/O SEABOARD ARBORS MGMT SERVICES
2189 CLEVELAND ST., SUITE 225
CLEARWATER, FL 33765

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:

LEIGHTON, LENNARD A
SEABOARD ARBORS MGMT SERVICES
2189 CLEVELAND ST., SUITE 225
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:	STD	( ) Delete
Name:	HENDRY, HAYNES T	
Address:	1102 WEST CASS STREET	
City-St-Zip:	TAMPA, FL 33606	
Title:	VD	( ) Delete
Name:	HAYDEN, FRANK R	
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:	VD	(X) Change ( ) Addition
Name:	HAYDEN, FRANK R	
Address:	P.O. BOX 26563	
City-St-Zip:	TAMPA, FL 33623	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RON OXTAL DP 01/15/2009

Electronic Signature of Signing Officer or Director — Date