## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 03, 2006 8:00 am Secretary of State

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DOCUMENT # N0500004463  1. Entity Name LAS VILLAS ON CLEVELAND TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.						04-03-2006 9	90409 04	14 ****61	25	
Principal Place of Business  2506 S. MACDILL AVE., SUITE A  TAMPA, FL 33629  Mailing Address  2506 S. MACDILL AVE., SUITE A  TAMPA, FL 33629				SUITE A -	:	1 12 8 11 12 1 11 1	<b></b>		0085	31
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			SWITE 3			03292006	Chg-NP	CR2E03	37 (11/05)	
City & State	PA F		City & State TAMPA	FL		4. FEI Number	1594389		No	plied For at Applicable
3361	8	Country	Zip 3618	Country		5. Certificate of	f Status Desired		\$8.75 Add Fee Required	
	6. Name a	and Address of Current R	legistered Agent			7. Name and A	Address of New R	egistered /	Agent	
MAYTS, JR., ANDREW J ESQ.				Name						
201 NORTH AMÉNIA AVENUE TAMPA, FL 33609				Street A	ddress (F	P.O. Box Number	is Not Acceptable	e)		•
•										
				City				FL	Zip Code	e
8. The above	named entity tions of registe	submits this statement for	the purpose of changing its	registered office o	r registere	ad agent, or both	, in the State of Flo	xida. Tam t	amiliar with,	and accept
ine obligat	nona or regiate	i eo agent.								
SIGNATURE .										
SIGNATURE .		r unnted name of registered agent at	nd tale il applicable (NOTE	E Registered Agent signat	ure required	when reinstating)		DATE		······································
SIGNATURE .	Signature typed o	is \$61.25	1	npaign Financing	ure required	\$5.00 May Be Added to Fees	·	ake check	c payable to	
SIGNATURE	Signature typed o	e is \$61.25 ay 1, 2006	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees	Flor	ake check ida Depar	tment of St	tate
	Signature typed o	is \$61.25	9. Election Can Trust Fund C	npaign Financing		\$5.00 May Be Added to Fees	·	ake check ida Depar	tment of St	tate
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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: Stawy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06

813-269-0299