

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

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000004463**

1. Entity Name  
**LAS VILLAS ON CLEVELAND TOWNHOMES PROPERTY  
OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**13907 CARROLLWOOD VILLAGE BLVD  
TAMPA, FL 33618**

Mailing Address  
**13014 NORTH DALE MABRY HWY  
TAMPA, FL 33618**

**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-4594389**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MAYTS, JR., ANDREW J ESQ.  
201 NORTH AMENIA AVENUE  
TAMPA, FL 33609**

**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 re-stating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
RAPPAPORT, JASON  
2506 S. MACDILL AVE., SUITE A  
TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
FAIRBANKS, GARY  
13014 NORTH DALE MABRY HWY SUITE 356  
TAMPA, FL 33618**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST  
SEFAIR, DANIEL  
2506 S. MACDILL AVE., SUITE A  
TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000634335  
04/06/07-80029-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

*GARY A. FAIRBANKS*

**GARY A. FAIRBANKS**

**3/28/07**

**813-269-0899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone