

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90010 019 ****61.25

DOCUMENT # N05000007379					
1. Entity Name VILLANOVA AT HUNTER'S CREEK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12001 VILLANOVA DRIVE ORLANDO, FL 32837			Mailing Address 12001 VILLANOVA DRIVE ORLANDO, FL 32837		
2. Principal Place of Business, No P.O. Box # 1801 Cook Avenue		3. Mailing Address 1801 Cook Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05042007 Chg-NP CR2E037 (12/06)	
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 11-3756276	
Zip 32806		Country Orange		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEBB, ROBIN 901 N. LAKE DESTINY DR. #110 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name: <u>Steven S. Asher</u> Street Address (P.O. Box Number is Not Acceptable): 1801 Cook Avenue City: <u>Orlando</u> FL Zip Code: <u>32806</u>		
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: <u>[Signature]</u> DATE: _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 PD	NAME MCKENZIE, MARION		TITLE	NAME	
STREET ADDRESS 5004 KEATON CREST DR.	CITY-ST-ZIP ORLANDO, FL 32837		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD	NAME CULLIGAN, JAMES		TITLE	NAME	
STREET ADDRESS 12208 WILD IRIS WAY #106	CITY-ST-ZIP ORLANDO, FL 32837		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T	NAME 		TITLE Treasurer	NAME Michael Golson	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 14529 Braddock Oak Drive	CITY-ST-ZIP Orlando, FL 32837	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
<input type="checkbox"/> Delete			<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 empowerments.					
SIGNATURE: <u>[Signature]</u>			407-857-5994		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		