

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 06, 2008 8:00 am**  
**Secretary of State**

06-06-2008 90014 049 \*\*\*\*61.25

**DOCUMENT # N05000007767**

1. Entity Name  
**VILLAS AT LACITA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3540 SABLE PALM LN.  
TITUSVILLE, FL 32780**

Mailing Address  
**3540 SABLE PALM LN.  
TITUSVILLE, FL 32780**

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-3615632</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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

**LARSEN, RICHARD E ESQ  
55 E. PINE ST.  
ORLANDO, FL 32801**

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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 reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>REHAK, JOHN<br/>4053 MAPLE RD<br/>AMHURST, NY 14226</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V E<br/>SHOTWELL, MARGARET<br/>4053 MAPLE RD<br/>AMHURST, NY 14226</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>E</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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:** *May 28, 2008 V. C. Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/14/07* **716 833-4986**  
Date Daytime Phone #