



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90061 011 \*\*\*\*61.25

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # N05000008195</b><br>1. Entity Name<br><b>VILLAS AT ESTANCIA CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>2180 WEST SR 434, SUITE 5000<br/>LONGWOOD, FL 32779-5044</b>   |  |  | Mailing Address<br><b>2180 WEST SR 434, SUITE 5000<br/>LONGWOOD, FL 32779-5044</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  | <br><br>02072008    Chg-NP    CR2E037 (12/06)  |  |
| City & State   |  | City & State   |  |  |  |
| Zip                      Country   |  | Zip                      Country   |  |  |  |
| 4. FEI Number<br><b>20-3567148</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |  | 6. Name and Address of Current Registered Agent<br><br><b>Association Management Group of Central Florida</b><br><b>101 Park Place</b><br><b>Suite 2</b><br><b>Kissimmee, FL 34741</b> |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code   |  |  |  |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |  |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  |  |  |  |
| TITLE  | <b>PD</b><br><b>GAFFIN, RACHEL H</b><br><b>1986 ESTANCIA CIR</b><br><b>KISSIMMEE, FL 34741</b>     | <input type="checkbox"/> Delete  | TITLE  | <b>VPD</b><br><b>RODRIGUEZ, CARLOS J</b><br><b>1971 ESTANCIA CIR</b><br><b>KISSIMMEE, FL 34741</b>   | <input checked="" type="checkbox"/> Delete                                   |
| NAME   |  |  | NAME   |  |  |
| STREET ADDRESS   |  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP  |  |  |
| TITLE  | <b>SD</b><br><b>DESCOTEAX, COLETTE L</b><br><b>2059 ESTANCIA CIR</b><br><b>KISSIMMEE, FL 34741</b> | <input type="checkbox"/> Delete  | TITLE  | <b>VPD</b><br><b>DEIL GAFFIN</b><br><b>1986 Estancia Circle</b><br><b>Kissimmee FL 34741</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |  |  | NAME   |  |  |
| STREET ADDRESS   |  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP  |  |  |
| TITLE  | <b>TD</b><br><b>WEITS, MICHAEL</b><br><b>1965 ESTANCIA CIR</b><br><b>KISSIMMEE, FL 34741</b>       | <input type="checkbox"/> Delete  | TITLE  | <b>VPD</b><br><b>JEAN DESCOTEAX</b><br><b>2059 Estancia Circle</b><br><b>Kissimmee FL 34741</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   |  |  | NAME   |  |  |
| STREET ADDRESS   |  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP  |  |  |
| TITLE  |  | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  |  | NAME   |  |  |
| STREET ADDRESS   |  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP  |  |  |
| TITLE  |  | <input type="checkbox"/> Delete  | TITLE  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  |  | NAME   |  |  |
| STREET ADDRESS   |  |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |  |  | CITY-ST-ZIP  |  |  |
| 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. |  |  |  |  |  |
| <b>SIGNATURE: <u>Rachael C Gaffin</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR</small>   |  |  | <b>4/9/08</b><br><small>Date</small>   |  |  |
|  |  |  | <small>Daytime Phone #</small>   |  |  |