

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90057 025 \*\*\*\*61.25

<b>DOCUMENT # N05000011908</b> 1. Entity Name <b>VILLAS AT WOODSMERE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 20751 NEWBY STREET ORLANDO, FL 32833 US			Mailing Address 20751 NEWBY STREET ORLANDO, FL 32833 US		
2. Principal Place of Business (No P.O. Box #) <i>Boyle Management</i> 498 Palm Springs Dr #235			3. Mailing Address <i>Same as</i>		
Suite, Apt. #, etc. <i>Altamonte Springs</i>			Suite, Apt. #, etc. <i>Place of Business</i>		
City & State <i>FL</i>			City & State <i>FL</i>		
32701		Country		Zip	
Country		Country		4. FEI Number <b>APPLIED FOR 26-224898</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BOYLE, JAMES W</b> <b>498 PALM SPRINGS DRIVE</b> <b>SUITE 235</b> <b>ALTAMONTE SPRINGS, FL 32701</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <i>[Signature]</i> <span style="float: right;">3/27/08</span> <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BOWERS, JANET 20751 NEWBY STREET ORLANDO, FL 32833	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <span style="float: right;">3/27/08 407-508-9024</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01302008 Chg-NP CR2E037 (12/06)