2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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Secretary of State DOCUMENT # N05644 02-07-2008 90012 035 ****61.25 VILLÁS DEL SOL TOWNHOUSES, INC. Principal Place of Business Mailing Address 4913 BETHEL CREEK DRIVE Mailing Address 4913 BETHEL CREEK DRIVE VERO BEACH, FL 32963 US 2. Principal Place of Business - No P.O. Box # 4913 Bethel Creek Dr. 3. Mailing Address 4647 Paladin Circle Suite, Apt. #, etc. 02032008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2477024 City & State City & State Applied For Beach Vero Beach, Pl Not Applicable \$8.75 Additional 5. Certificate of Status Desired Indian K. Yu Fee Required Indian Live 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jennifer hebster WEBSTER, JENNIFER **4913 BETHEL CREEK DRIVE** Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32963 Vero Beach 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 the obligations of registered agent. (NOTE: Registered Agent aignature required when reinstating) DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ■ Addition ☐ Delete TITLE ☐ Change TITLE GREENWOOD, IAN NAME NAME STREET ADDRESS 4917 BETHEL CREEK DR. STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP Delete ☐ Addition WEBSTER, JENNIFER STREET AUDITE NAME 4647 Palad 4913 BETHEL CREEK DR. STREET ADDRESS Vero-Beach, P CITY: ST-ZIP VERO BEACH, FL 32903 ☐ Addition TITLE TITLE SMITH, DOYLE NAME NAME 4915 BETHEL CREEK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED

Feb 07, 2008 8:00 am