

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

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90005 040 \*\*\*\*75.50

<b>DOCUMENT # N07000008540</b>					
1. Entity Name <b>SAN PEDRO COURTYARD VILLA HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162</b>		Mailing Address <b>1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>26-0813096</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LANGENBRUNNER, ERICK D 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162</b>			7. Name and Address of New Registered Agent		
			Name <b>Patricia Timmis</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>407 Carmel Avenue</b>		
			City <b>The Villages</b>		FL Zip Code <b>32159</b>
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>Patricia Timmis, Treasurer</i>			DATE: <b>5-28-08</b>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is <b>\$81.25</b> Due by <b>September 12, 2008</b>		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	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOPFER, BOBBY JR.		NAME	Edward Fischer	
STREET ADDRESS	3325 WEDGEWOOD LANE		STREET ADDRESS	1333 Balboa Ct	
CITY-ST-ZIP	THE VILLAGES, FL 32162		CITY-ST-ZIP	The Villages, FL 32159	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZURO, MARTIN L		NAME	Judy Finley	
STREET ADDRESS	1071 CANAL ST.		STREET ADDRESS	1328 Balboa Ct	
CITY-ST-ZIP	THE VILLAGES, FL 32182		CITY-ST-ZIP	The Villages, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, CHRISTINA		NAME	Lois Talley	
STREET ADDRESS	3325 WEDGEWOOD LANE		STREET ADDRESS	1316 Balboa Ct	
CITY-ST-ZIP	THE VILLAGES, FL 32162		CITY-ST-ZIP	The Villages, FL 32159	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Patricia Timmis	
STREET ADDRESS			STREET ADDRESS	407 Carmel Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	The Villages, FL 32159	
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.					
SIGNATURE: <i>Patricia Timmis</i>			DATE: <b>5-28-08</b>		Daytime Phone #: <b>352-753-7718</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #