


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # N07616 1. Entity Name VILLA DEL SOL HOME OWNERS ASSOCIATION, INC.	
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Principal Place of Business 6515 15 ST. EAST SARASOTA, FL 34243 US	Mailing Address 6515 15 ST. EAST K-23 SARASOTA, FL 34243 US
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

JONES, SYLVIA
6515 15TH ST E
K-23
SARASOTA, FL 34243

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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ANNE 6515 15TH STREET E B-12 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, CHUCK 6515 15TH ST. E. K-18 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHATT, NED 6515 15TH ST E B-8 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JONES, SYLVIA 6515 15TH STREET E K-23 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FILLIPPONE, ED 6515 15TH ST E L-26 SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000633367
02/21/07-80059-007 70.00

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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: Sylvia Jones **SYLVIA JONES** 2-7-07 941-752-6438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #