

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

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N07616

1. Entity Name
VILLA DEL SOL HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**6515 15 ST. EAST
SARASOTA, FL 34243 US**

Mailing Address
**6515 15 ST. EAST
K-23
SARASOTA, FL 34243 US**



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 upon re-registering)

DATE

Sylvia R Jones

1-20-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

U000000735324
01/28/08-80044-005 70.00

**DO NOT WRITE
IN THIS SPACE**

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 R Jones

SYLVIA R JONES

1-20-08

941-752-6438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #