

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90076 028 ****61.25

DOCUMENT # N07837	
1. Entity Name	
VILLAS ON MISNER'S BRANCH HOMEOWNERS' ASSOCIATION, INC.	



Principal Place of Business	Mailing Address
54 MISNER'S TRAIL ORMOND BCH FL 32174	54 MISNER'S TRAIL ORMOND BCH FL 32174

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIRBY, MARTHA C 37 MISNERS TRAIL ORMOND BEACH FL 32174		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 MARTHA C. KIRBY, TREASURER DATE 1/28/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANTHONY, JEAN	NAME	
STREET ADDRESS	48 MISNERS TR	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOMERS, RICHARD	NAME	
STREET ADDRESS	24 MISNER'S TR	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE	SD ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	LOPER, JONEVA	NAME	Mary Louise Mayer
STREET ADDRESS	29 MISNERS TR	STREET ADDRESS	10 Misner's Trail
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KIRBY, MARTHA	NAME	
STREET ADDRESS	37 MISNERS TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE	ASD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COAD, BARBARA	NAME	
STREET ADDRESS	17 MISNERS TR	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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: Martha C. Kirby, Treas DATE 1/28/05 386-673-2043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR