2006 NOT-FOR-PROFIT CORPORATION ----ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N07837 1. Entity Name 02-06-2006 90095 009 ****61.25 VILLAS ON MISNER'S BRANCH HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 54 MISNER'S TRAIL 54 MISNER'S TRAIL ORMOND BCH FL 32174 ORMOND BCH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2505195 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRBY, MARTHA C 37 MISNERS TRAIL Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 11. 2 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Addition ANTHONY, JEAN Jean Anthony NAME NAME 48 MISNERS TR 43 Misner's Trail STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 Ormond Beach, FL 32174 CITY-ST-ZIP CITY - ST - ZIP PD PD Delete TITLE ☐ Change X Addition SOMERS, RICHARD Michael A. Kirby NAME 24 MISNER'S TR STREET ADDRESS 37 Misner's Trail STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP Ormond Beach, FL 32174 CITY - ST- ZIP TITLE SD Delete SD TITLE Change X Addition Joanne Revis MAYER, MARY LOUISE NAME STREET ADDRESS 10 MINSNER'S TRAIL STREET ADDRESS 1 Misner's Trail CITY-ST-ZIP ORMOND BEACH FL 32174 CITY - ST - ZIP Ormond Beach, FL 32174 TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition KIRBY, MARTHA NAME STREET ADDRESS 37 MISNERS TRAIL STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP ASD **ASD** TITLE Delete TITLE ☐ Change **X** Addition COAD, BARBARA NAME **Pete Wheeler** NAME 17 MISNERS TR 12 Misner's Trail STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP Ormond Beach, FL 32174 Addition TITLE ☐ Delete TITLE **MEMBER** ☐ Change NAME NAME Leslie Somers STREET ADDRESS STREET ADDRESS 24 Misner's Trail CITY-ST-ZIP CITY-ST-7IP

2. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

Ormond Beach, FL 32174

SIGNATURE: 7

Martha C. Ku

Kirly, Treasurer

1/27/06 386-673-2043

FILED

Feb 06, 2006 8:00 am