
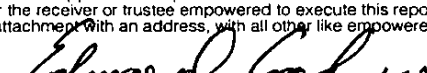


<b>DOCUMENT # N08888</b> 1. Entity Name <b>VILLAS OF PINELLAS FARMS CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>147 N BELCHER ROAD SUITE 2 LARGO, FL 33771 US</b>		Mailing Address <b>147 N BELCHER ROAD SUITE 2 LARGO, FL 33771 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                  Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                  Country	
<b>6. Name and Address of Current Registered Agent</b>			
<b>BRIAN P BUXTON, BUXTON PROP.</b> <b>147 N BELCHER ROAD</b> <b>LARGO, FL 33771</b>			Name  Street Address  City
8. The above named entity submits this statement for the purpose of changing its registered office or registering its obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	S CHAPMAN, JEANNE		
CITY-ST-ZIP	8470 60TH ST N PINELLAS PARK, FL 33781		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	FURMAN, MRS. BERYL		
STREET ADDRESS	8490 60TH STREET NORTH		
CITY-ST-ZIP	PINELLAS PARK, FL		
TITLE	P	<input type="checkbox"/> Delete	
NAME	COTE, ARTHUR		
STREET ADDRESS	8422 60TH ST NORTH		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	WATKINS, DENNIS		
STREET ADDRESS	8496 60TH ST N		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		
TITLE	D	<input type="checkbox"/> Delete	
NAME	COUTURE, BERNIE		
STREET ADDRESS	8426 60TH ST N		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>11.</b>			
TITLE	NAME		
STREET ADDRESS	NAME		
CITY-ST-ZIP	STREET ADDRESS		
TITLE	NAME		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP	NAME		
TITLE	STREET ADDRESS		
NAME	CITY-ST-ZIP		
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			