## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # N09934  1. Entity Name FLORIDA VILLAS HOMEOWNERS ASSOCIATION, INC.								04-26-2005	5 90132 03	39 ****61.	25
Principal Place of Business 190 N. WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32714			Mailing Address 190 N. WESTMONTE DRIVE SUITE 100 ALTAMONTE SPRINGS, FL 32714					SONO ATTO HARRAMA	1411 1666 1410 <b>1</b>	1911 SITH BIBN 811	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01312005	Chg-NP	CR2E	37 (10/03)	
City & State		City & State				4. FEI Numbe 59-288	er 8332		<del> </del>	oplied For ot Applicable	
Zip	Country		Zip		Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered	d Agent				7. Name and	Address of Nev	w Registered	Agent	
0.11005	L MARCH VAL				Name						
CAMPBELL, MARILYN 190 N WEST MONTE DRIVE ALTAMONTE SPRINGS, FL 32714					Street Address (P.O. Box Number is Not Acceptable)				able)		
					City				FI	Zip Cod	e
	e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent							th, in the State of	· <del>-</del> ·	familiar with,	and accept
	Signature, types or printed name or registered agent	and the II appu	icable. (NOTE	E: Registere	id Agent signa:	ture required	when reinstaling)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	апо изе и арри	9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May B Added to Fees	e F	Make ched	k payable t	
10.	Filling Fee is \$61.25		9. Election Can	npaign F	inancing ion.		\$5.00 May B Added to Fees	F ANGES TO OFFI	Make ched lorida Depa	rtment of S	tate
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Can	npaign F Contribut 11. TITU NAM STRE	Financing ion.		\$5.00 May B Added to Fees	F	Make chec lorida Depa CERS AND D	rtment of S	tate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05

407-234-1252

Daytime Phone #