

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90093 039 ****61.25

DOCUMENT # N09934

1. Entity Name
FLORIDA VILLAS HOMEOWNERS ASSOCIATION, INC.



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**

60028486



03242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2888332

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, MARILYN
190 N WEST MONTE DRIVE
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **FIZER, GERMAINE**
STREET ADDRESS **694 GOLDEN SUNSHINE CIR**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **PD** ☐ Delete
NAME **DOBBERT-HOLDORF, REBECCA**
STREET ADDRESS **633 GOLDEN SUNSHINE CIR**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **TD** ☒ Delete
NAME **CABRERA, ROSEMARY**
STREET ADDRESS **670 GOLDEN SUNSHINE CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32307**

TITLE **SD** ☐ Delete
NAME **MERCADO, MARYANN**
STREET ADDRESS **638 GOLDEN SUNSHINE CIR**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **D** ☒ Delete
NAME **DILLA, EVELYN**
STREET ADDRESS **700 GOLDEN SUNSHINE CIR**
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **S/T/D**
STREET ADDRESS **mercado, MaryAnn**
CITY-ST-ZIP **638 Golden Sunshine Cr.
Orlando, FL 32807**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rebecca Dobbert-Holdorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/06 (407) 482-4940
Date Daytime Phone #