

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09934

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

694 GOLDEN SUNSHINE CIRCLE  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

**Current Mailing Address:**

860 NORTH SR 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 59-2888332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAMPBELL, MARILYN  
860 NORTH SR 434  
SUITE 1009  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FIZER, GERMAINE  
Address: 694 GOLDEN SUNSHINE CIR  
City-St-Zip: ORLANDO, FL 32807 US

Title: ST  
Name: MERCADO, MARYANN  
Address: 638 GOLDEN SUNSHINE CR  
City-St-Zip: ORLANDO, FL 32807 US

Title: MGR  
Name: STRODE, CHUCK  
Address: 860 NORTH S.R. 434, SUITE 1009  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHUCK STRODE

MGR

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date