

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12944

**FILED  
Aug 23, 2007  
Secretary of State**

**Entity Name:** VILLA D'ESTE TOWNHOMES CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

14813 TURNE ROAD  
TAMPA, FL 33624

**New Principal Place of Business:**

14813 TURNER ROAD  
TAMPA, FL 33624

**Current Mailing Address:**

14813 TURNER ROAD  
TAMPA, FL 33624

**New Mailing Address:**

**FEI Number:** 59-2907779      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HELBIG, DENISE  
14813 TURNER ROAD  
TAMPA, FL 33624    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: PD            ( ) Delete  
Name: POLL, CAROL LEE  
Address: 5426 VILLA D'ESTES CT.  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T            ( ) Delete  
Name: HIDALAGO, FRANCIS  
Address: 5446 VILLA D'ESTES CT.  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S            ( ) Delete  
Name: PEEL, CHRISTINE  
Address: 5429 VILLA D'ESTES CT.  
City-St-Zip: WESLEY CHAPEL, FL 33543

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD            (X) Change ( ) Addition  
Name: POLL, CAROLEIGH  
Address: 5426 VILLA D'ESTES CT.  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROLEIGH POLL

PD

08/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date