


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N15364 1. Entity Name VILLA CITY COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 7403 LAKE EMMA RD. GROVELAND FL 34736	Mailing Address P.O. BOX 331 RD GROVELAND FL 34736
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1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2548653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, MARY ANN 18326 ROSE STREET GROVELAND FL 34736	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature is not used when re-registering) DATE _____

FILE NOW FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAVES, FRANKLIN	NAME	
STREET ADDRESS	5001 MOON LAKE RD.	STREET ADDRESS	U00000871739
CITY-ST-ZIP	GROVELAND FL 34736	CITY-ST-ZIP	04/10/08-80011-005 61.25
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, JAN	NAME	
STREET ADDRESS	17929 LAKE LUCY LANE	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZEL, CYNDI	NAME	
STREET ADDRESS	7403 LAKE EMMA ROAD	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TERRY	NAME	
STREET ADDRESS	PO BOX 35	STREET ADDRESS	
CITY-ST-ZIP	HOWEY FL 34737	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARY ANN	NAME	
STREET ADDRESS	18326 ROSE STREET	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, MARTY	NAME	
STREET ADDRESS	18225 ROSE ST.	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary Ann Brown*, MARY ANN BROWN 03/20/2008 407-466 8997