

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90155 012 \*\*\*\*61.25

**DOCUMENT # N15748**

1. Entity Name

THE VILLAS AT EATONS BEACH INCORPORATED



Principal Place of Business

15790 SE. 134TH AVE.  
WEIRSDALE FL 32195

Mailing Address

27619 NW 182ND AVE  
HIGH SPRINGS FL 32643  
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2839752

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPENCER, DAVID  
27619 NW 182ND AVENUE  
HIGH SPRINGS FL 32643

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 resigning)

DATE

**FILE NOW: 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          | STD                   | <input type="checkbox"/> Delete            |
| NAME           | SPENCER, DAVID        |  |
| STREET ADDRESS | 27619 NW 182 AVE      |  |
| CITY-ST-ZIP    | HIGH SPRINGS FL 32643 |  |
| TITLE          | PD                    | <input type="checkbox"/> Delete            |
| NAME           | KING, JIM DR          |  |
| STREET ADDRESS | PO BOX 116 N/A        |  |
| CITY-ST-ZIP    | BALSOM NC 28707-0116  |  |
| TITLE          | VPD                   | <input type="checkbox"/> Delete            |
| NAME           | MOSELEY, HARRY        |  |
| STREET ADDRESS | 2005 WEST RD          |  |
| CITY-ST-ZIP    | JAX FL 32216          |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | THOMPSON, JAMES I     |  |
| STREET ADDRESS | 4220 VIOLA ROAD       |  |
| CITY-ST-ZIP    | LAKELAND FL 33809     |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | BELL, ESTHER          |  |
| STREET ADDRESS | PO BOX 2307           |  |
| CITY-ST-ZIP    | CARROLLTON GA 30117   |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | DIRECTOR                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RICK WILLIAMSON              |  |
| STREET ADDRESS | 3101 LA RESERVE DRIVE        |  |
| CITY-ST-ZIP    | POINTE VEDRA BEACH, FL 32082 |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*David C Spencer*

DAVID C SPENCER

4-26-06

454  
380-484-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #