

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90021 049 ****61.25

DOCUMENT # N17492 1. Entity Name VILLAGES OF VILANO HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 461 A1A BEACH BLVD ST AUGUSTINE, FL 32080 US			Mailing Address 461 A1A BEACH BLVD ST AUGUSTINE, FL 32080 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40015776 	
City & State Zip Country		City & State Zip Country		01232008 Chg-NP CR2E037 (12/06)	
4. FEI Number 36-3496407				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 PHILIP H JACOBS 461 A1A BEACH BLVD. SAINT AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 required when reinstating) _____ DATE _____					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGUIRE, JOHN 158 OCEAN HOLLOW SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'DONNELL, MICHAEL 135 S. LUKE CIRCLE SAINT AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Herb Rippe 324 Village Dr St Augustine, FL 32084</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNOLD, TOM 332 F VILLAGE DR SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHANCEY-GOULD, PAT 340 VILLAGE DR. SAINT AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>Kevin Myer 110 Ocean Blvd #121 St Augustine, FL 32084</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACY, KATHLEEN 139 OCEAN HOLLOW LANE SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>John R. Maguire</i> JOHN R. MAGUIRE <i>1/29/08</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					