2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2008 8:00 am Secretary of State

DOCUMENT # N17665 1. Entity Name VIRMILLION ESTATES HOME OWNERS ASSOCIATION INCORPORATED					01	-09-2008 90	0010 005 ****61.	.25
Principal Place of Business Mailing Address P.O. BOX 904 P.O. BOX 904 SUMMERFIELD, FL 34492-0904 US SUMMERFIELD, FL			34492-09	04 US	1/621/10 101 170/	18815 BKNR 2 1171 DIN 1	ÁÍÐI: ÁISI! GIBI! BIÐI! BIÐ!! ÁIÐ	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		· ·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062008 C	hg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-289721	8	 	pplied For ot Applicable	
Zip	Country	Zip	Cor	untry	5. Certificate of St	tatus Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Add	tress of New Re	gistered Agent	
MITCHELL	MATTHEW			Name Z	OBERT L	سى ھى گەن	1172	
MITCHELL, MATTHEW 2925 SE 156TH PLACE ROAD				Street Address (P.O. Box Number is Not Acceptable)				
SUMMERI	FIELD, FL 34491				05 SE 13	7 ~~~	E PEULL	
				City 50	mmerfield	9	FL Zip Cod	1991
8. The above named entity submits this statement for the purpose of changing its registered office or registered a						the State of Flor	rida. I am familiar with,	and accept
the obligat	tions of registered agent.							
SIGNATURE	Robert hubras	ROBERT LUB	ちゅけて	- PA			108/08	
P. CHILLIAN TO THE	Signature, typed or printed name of registered agent				required when reinstating)		DATE	
	Signature, typed or printed name of register of oldent Filling Fee is \$61.25 Due by May 1, 2008	and title if applicable. 9. Election		ed Agent signature	\$5.00 May Be	Ma	DATE ake check payable to the	
10.	Filling Fee is \$61.25	9. Election Trust Fu	(NOTE: Registere Campaign F	ed Agent signature Financing tion.	\$5.00 May Be Added to Fees	Ma Florid	nke check payable t	tate
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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: Kolo en 1 MUNTAL, ROBERT LU DOUD 172, PA 1/08/08 352 347 9707
SIGNATURE AND TYPED OR PRINTED JANGE OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #