

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90101 026 \*\*\*\*61.25

**DOCUMENT # N19945**

1. Entity Name

VILLAS OF SUN AIR OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

22 BUCK CIRCLE  
HAINES CITY FL 33844-9647

22 BUCK CIRCLE  
HAINES CITY FL 33844-9647



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2910764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, RICHARD E  
22 BUCK CIRCLE  
HAINES CITY FL 33844-9647

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

*Paulette Fernholz* (Paulette Fernholz-Treasurer)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete  
NAME DUDZIK, RON  
STREET ADDRESS 402 ALLSPICE  
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS GARY G. SCOTT  
CITY-ST-ZIP 29 BUCK CIRCLE  
HAINES CITY, FL 33844

TITLE T ☒ Delete  
NAME WATSON, RICHARD  
STREET ADDRESS 22 BUCK CIRCLE  
CITY-ST-ZIP HAINES CITY FL 33844

TITLE ☒ Change ☐ Addition  
NAME TREAS  
STREET ADDRESS PAULETTE FERNHOLZ  
CITY-ST-ZIP 24 BUCK CIRCLE  
HAINES CITY, FL 33844

TITLE S ☒ Delete  
NAME WHITTEN, KAY  
STREET ADDRESS 28 BUCK CIRCLE  
CITY-ST-ZIP HAINES CITY FL 33844-9647

TITLE ☒ Change ☐ Addition  
NAME SEC. WHITTEN  
STREET ADDRESS KAY WHITTEN  
CITY-ST-ZIP 28 BUCK CIRCLE  
HAINES CITY, FL 33844

TITLE VP ☒ Delete  
NAME KNADE, FRED  
STREET ADDRESS 408 ANISE  
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE ☒ Change ☐ Addition  
NAME VP  
STREET ADDRESS JANE AINSWORTH  
CITY-ST-ZIP 48 BUCK CIRCLE  
HAINES CITY, FL 33844

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Gary G. Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-  
439-6847  
Custom Phone #