2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State
03-11-2005 90316 049 ****61.25

DOCUMENT # N21527

1. Entity Name
VILLAS OF LAKE MAMIE HOMEOWNERS ASSOCIATION, INC.

50024952

Principal Place of Business	Mailing Address
110 OLD TREE LINE TR DELAND, FL 32724 US	110 OLD TREE LINE TR DELAND, FL 32724 US

02242005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2863384
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RANSBOTTOM, LU ELLEN
991 OLD MILL RUN
ORMOND BEACH, FL 32174

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REYNOLDS, CHRIS
STREET ADDRESS	748 OLD TREE LINE TRAIL
CITY-ST-ZIP	DELAND, FL 32728
TITLE	D
NAME	CHAPDELAINE, ED
STREET ADDRESS	120 WATERS EDGE TRL
CITY-ST-ZIP	DELAND, FL
TITLE	VPD
NAME	LEVEILLE, BILL
STREET ADDRESS	125 FALLEN TIMBER TRL
CITY-ST-ZIP	DELAND, FL
TITLE	STD
NAME	GIROUX, JAN
STREET ADDRESS	100 WATERS EDGE TRAIL
CITY-ST-ZIP	DELAND, FL
TITLE	D
NAME	KEEBLER, BILL
STREET ADDRESS	110 FALLEN TIMBER TRAIL
CITY-ST-ZIP	DELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Chris Reynolds Pres 3-8-05 738-9470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #