

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

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90277 032 ****61.25

DOCUMENT # N34650

1. Entity Name

VILLAS NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

PO BOX 352266
PALM COAST FL 32135
US

Mailing Address

PO BOX 352266
PALM COAST FL 32135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2982569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANNON JR, FRED
PALM COAST PROPERTY MGT
7 FLORIDA PARK DRIVE N STE C
PALM COAST FL 32137

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 reappointing)

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 PD ☐ Delete
NAME CARNEY, JOHN JR
STREET ADDRESS PO BOX 352266
CITY-ST-ZIP PALM COAST FL 32135

TITLE DV ☐ Delete
NAME JEBBIA, KELLI
STREET ADDRESS PO BOX 352266
CITY-ST-ZIP PALM COAST FL 32135

TITLE D ☒ Delete
NAME PENDLETON, TERRY
STREET ADDRESS PO BOX 352266
CITY-ST-ZIP PALM COAST FL 32135

TITLE DT ☐ Delete
NAME BROWN, JACK
STREET ADDRESS PO BOX 352266
CITY-ST-ZIP PALM COAST FL 32135

TITLE DS ☐ Delete
NAME HUNLEY, CAROLYN
STREET ADDRESS PO BOX 352266
CITY-ST-ZIP PALM COAST FL 32135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature]