## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34650

FILED Apr 24, 2007 Secretary of State

Entity Name: VILLAS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 352266 7 FLORIDA PARK DRIVE NORTH

PALM COAST, FL 32135 US PALM COAST, FL 32137 US

Current Mailing Address: New Mailing Address:

PO BOX 352266
PALM COAST, FL 32135 US POST OFFICE BOX 352266
PALM COAST, FL 32135 US

FEI Number: 59-2982569 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

- Clarker in Circumstance of Desighans of Assert

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 P/D (X) Change () Addition

 Name:
 CARNEY, JOHN JR
 Name:
 CARNEY, JOHN JR

 Address:
 PO BOX 352266
 Address:
 POST OFFICE BOX 352266

 City-St-Zip:
 PALM COAST, FL 32135
 City-St-Zip:
 PALM COAST, FL 32135

Title: DV ( ) Delete Title: D/S (X) Change ( ) Addition

Name: JEBBIA, KELLI Name: JEBBIA, KELLI

 Address:
 PO BOX 352266
 Address:
 POST OFFICE BOX 352266

 City-St-Zip:
 PALM COAST, FL 32135
 City-St-Zip:
 PALM COAST, FL 32135

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition

 Name:
 BROWN, JACK
 Name:
 BROWN, JACK

 Address:
 PO BOX 352266
 Address:
 POST OFFICE BOX 352266

City-St-Zip: PALM COAST, FL 32135 City-St-Zip: PALM COAST, FL 32135

Title: DS (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HUNLEY, CAROLYN
 Name:

 Address:
 PO BOX 352266
 Address:

 City-St-Zip:
 PALM COAST, FL 32135
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CARNEY P/D 04/24/2007