


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90066 016 \*\*\*\*61.25

<b>DOCUMENT # N93000000697</b>					
<b>1. Entity Name</b> VILLAS OF LAKE MARY HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 500 DORCHESTER SQUARE LAKE MARY, FL 32746			<b>Mailing Address</b> 500 DORCHESTER SQUARE LAKE MARY, FL 32746		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3612892	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
THORNTON, CANDICE 500 DORCHESTER SQUARE LAKE MARY, FL 32746			Name <u>Dianna Lee McBride</u> Street Address (P.O. Box Number is Not Acceptable) <u>500 Dorchester Square</u> City <u>Lake Mary</u> <u>FL</u> Zip Code <u>32746</u>		
<b>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.</b>					
SIGNATURE <u>X</u> _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, BARBARA 119 DORCHESTER SQ LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Green, Barbara 119 Dorchester Sq. Lake Mary, FL 32746
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, BILL 410 DORCHESTER SQ LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer White, Chris 106 Dorchester Sq. Lake Mary, FL 32746
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCBRIDE, DIANNA LEE 102 DORCHESTER SQ LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President McBride, Dianna Lee 102 Dorchester Sq. Lake Mary, FL 32746
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAMMER, VERONICA 219 DORCHESTER SQ LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Treasurer Santana, Diana 204 Dorchester Square Lake Mary, FL 32746
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNTON, CANDACE 317 DORCHESTER SQ LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Thornton, Candice 317 Dorchester Sq. Lake Mary, FL 32746
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thompson, Michael 211 Dorchester Sq. Lake Mary, FL 32746
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>X</u> <u>Candace Thornton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	