


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90005 001 ****61.25

DOCUMENT # N93000000697	
1. Entity Name VILLAS OF LAKE MARY HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 500 DORCHESTER SQUARE LAKE MARY, FL 32746	Mailing Address 500 DORCHESTER SQUARE LAKE MARY, FL 32746
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2. Principal Place of Business - No P.O. Box # 1936 Lee Rd	3. Mailing Address 1936 Lee Rd
Suite, Apt. #, etc. 250	Suite, Apt. #, etc. 250
City & State Winter Park FL	City & State Winter Park FL
Zip 32789	Country USA

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3612892		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MICBRIDE, DIANNA LEE 500 DORCHESTER SQUARE LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name Janice C Armstrong Street Address (P.O. Box Number is Not Acceptable) Greystone Mgmt 1936 Lee Rd Suite 250 City Winter Park FL Zip Code 32789

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 Janice C Armstrong	DATE 2/22/08

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, BARBARA 119 DORCHESTER SQ LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, CHRIS 106 DORCHESTER SQ. LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chris White <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 106 DORCHESTER SQ LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCBRIDE, DIANNA LEE 102 DORCHESTER SQ LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT SANTANA, DIANA 204 DORCHESTER SQUARE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Diana Santana Rosa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 204 DORCHESTER SQ LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THORNTON, CANDACE 317 DORCHESTER SQ LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jessica Martin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 110 DORCHESTER SQ LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, MICHAEL 211 DORCHESTER SQ. LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: Chris White	DATE 2/14/08 DAYTIME PHONE # 321 439-8011