

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003521

FILED
Apr 07, 2008
Secretary of State

Entity Name: LES VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

913 AQUARINA BLVD
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

913 AQUARINA BLVD
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number: 59-3200940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, JANICE
931 AQUARINA BLVD.
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PALOSKY, LEWIS
Address: 925 AUAARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: P () Delete
Name: KELLY, JANICE
Address: 931 AQUARINA BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: ST () Delete
Name: GAYDOS, CHARLES
Address: 915 AQUARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GAYDOS, CHARLES
Address: 915 AQUARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S () Change (X) Addition
Name: GRIZER, PAULETTE
Address: 911 AQUARINA BLVD
City-St-Zip: MELBOURNE BEACH, FL 32951

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: JANICE KELLY

P

04/07/2008

Electronic Signature of Signing Officer or Director

Date