2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003461

FILED Mar 22, 2007 Secretary of State

Entity Name: GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1166 PELICAN BAY DR 1190 PELICAN BAY DR DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 **Current Mailing Address: New Mailing Address:** 1166 PELICAN BAY DR 1190 PELICAN BAY DR DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 FEI Number: 59-3333197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BARKIN, MICHELE BARKIN, MICHELE 1166 PELICAN BAY DR 1190 PELICAN BAY DR DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 US 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: 03/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GUADAGNINO, ANTHONY Name: Name: 71 GOLF VILLA Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: VD Title: () Delete () Change () Addition BUCHANAN, BILL Name: Name: Address: 47 GOLF VILLA Address: PORT ORANGE, FL 32128 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition RAUER, VIVIAN Name: Name: 26 GOLF VILLA Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: TD () Delete Title: () Change () Addition MALACHUK, RICHARD Name: Name: 58 GOLF VILLA Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: Title: () Delete Title: (X) Change () Addition ROSETTA, ANN RUPERT, EMMA Name: Name: 11 GOLF VILLA 73 GOLF VILLA Address: Address: PORT ORANGE, FL 32128 City-St-Zip: City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY GUADAGNINO PD 03/22/2007