2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N95000000658 1. Entity Name



FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90169 040 ****61.25

INC.	VS AT OVIEDO HOMEOV	VNERS ASSUCIATION							
P.O. BOX 62	e of Business 1906 32762-1906	Mailing Address P.O. BOX 621906 OVIEDO, FL 32762-190	06	,) (1 93)) 01 (10 10)	4 40 61 50	II DDAL BENI EDAR	1 01161 01161 101	INTE DI 1001
2. Principal Place of Business - No P.O. Box # 3. Mi		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112007 _{CI}	ng-NP	CR2E037	(12/06)	
City & Stat	e	City & State			4. FEI Number 59-337225	i 1		_ 	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		8.75 Add ee Required	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Add	ress of New R	egistered Ag	gent	
TYSZKOWSKI, DALLAS 803 PALMETTO TERR			Name Street A		PRES, //				
OVIEDO, I			Gireer	800	PALN	1 <u> = 77 0</u>	TERA	RACE	
			City	OVIE			FL	Zip Code	e 265
	e named entity submits this statementions of registered agent.	t for the purpose of changing its re	 1 .			the State of Flo	orida. I am fa		
	01015		,			4	,		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	UC A . Registered Agent signa	ture required v	els when reinstating)	Agi	DATE	200	1 <u>7</u>
Filing Fee Is \$61.25 Due by May 1, 2007 9. Election Camp Trust Fund Co									
					\$5.00 May Be Added to Fees	1	ake check Ida Departn		
10.		Trust Fund Co			Added to Fees	Flor	ida Departn	nent of St	tate
10. TITLE	Due by May 1, 2007	Trust Fund Co	ontribution.			Flor	ida Departn RS AND DIRE	nent of St	tate
	Due by May 1, 2007 OFFICERS AND	Trust Fund Co	ontribution.	□	Added to Fees	Flor ES TO OFFICE	Ida Departn RS AND DIRE	nent of St CTORS IN Change	tate
TITLE NAME STREET ADDRESS	OFFICERS AND P TYSZKOWSKI, DALLAS 803 PALMETTO TERR	Trust Fund Co	Ontribution. 11. TITLE I NAME STREET ADDRESS	A P F F F	Added to Fees DDITIONS/CHANG ORRES, DO PALM	Flor ES TO OFFICE METTO	Ida Departn RS AND DIRE L TERR	nent of St CTORS IN Change	tate
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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.

407 SIGNATURE: