2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N95000003798 1. Entity Name

VILLAS AT SPRING CREEK HOMEOWNERS ASSOCIATION, INC.



FILED Feb 27, 2008 8:00 am Secretary of State 02-27-2008 90017 040 ****61.25

| Principal Place of Business 1596 DERBY LANE MELBOURNE FL 32935 US 2. Principal Place of Business - No P.O. Box # | 7 (10/07) \$8.75 At Fee Require Agent Zip Co | Applied For Not Applicable Idditional Idde Idde Idde Idde Idde Idde Idde Idd |
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| MELBOURNE FL 32935 US A Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E037 City & State City & State City & State Country Tip Country Country S. Certificate of Status Desired Name KLAPROTH, ROBERT 1620 DERBY RD MELBOURNE FL 32935 City MELBOURNE FL 32935 City MELBOURNE FL 32935 City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address of registered agent, or both, in the State of Florida. Larr the obligations of registered agent. SIGNATURE Signature, ignature, ignature from of iregistered agent, and the Lappicate is. (NATE: Replaced Agent signature from constance) PATE MARKE Street Address (P.O. Box Number is Not Acceptable) City FL Signature, ignature, ignature from of iregistered agent, and the Lappicate is. (NATE: Replaced Agent signature from constance) PATE Make Chec MARKE Street Address (P.O. May Be) Street Address (P.O. May Be) Street Address (P.O. May Be) Make Chec | 7 (10/07) \$8.75 At Fee Require Agent Zip Co | Applied For Not Applicable Idditional Idde Idde Idde Idde Idde Idde Idde Idd |
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| City & State City & State City & State City & State 4. FEI Number 59-3326273 Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name KLAPROTH, ROBERT 1620 DERBY RD MELBOURNE FL 32935 City FI 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. Lam the obligations of registered agent. SIGNATURE Signature, upper or proper came of registered agent and the Lamphane. (NOTE: Begistered Agent signature remarked when registered when registered agent) PLE NOW: FEE: IS: \$61.25. 9. Election Campaign Financing \$5.00 May Be Make Check M | \$8.75 Ar Fee Require Agent | de d |
| Signature Signature specied agent Sign | \$8.75 At Fee Require Agent Zip Co | de d |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Name KLAPROTH, ROBERT 1620 DERBY RD MELBOURNE FL 32935 City FI 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. Lam the obligations of registered agent. SIGNATURE Signature, upper or primary of registered agent and the discrete. (NOTE: Begistered Agent signature reserved when reunstang) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Chec | \$8.75 At Fee Require Agent Zip Co | dditional ed |
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| | | State |
| 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND D | IRECTORS I | N 10 |
| TITLE PD Delete TITLE NAME KLAPROTH, ROBERT NAME STREET ADDRESS 1620 DERBY LANE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIP | ☐ Change | Addition |
| TITLE VP Delete TITLE NAME KONRATH, STEVE NAME STREET ADDRESS 3472 HORSE CREEK CIR STREET ADDRESS | Change | Addition |
| CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIP Title S Delote Title | ☐ Change | neifibbA 🔲 |
| NAME STREET ADDRESS 1660 DERBY LN STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME PAXTON, BECKY STREET ADDRESS STREET AD | ⊠ Change | ☐ Addition |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP D D ROBERT DEFUSCU STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 D ROBERT DEFUSCU STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 | ☐ Change | ⊠ Addition |
| TITLE D Delete TITLE NAME CARROLL, ED STREET ADDRESS CITY-SI-ZIP MELBOURNE FL 32935 DOANNE FORMAN STREET ADDRESS CITY-SI-ZIP MELBOURNE FL 32935 | Change | neifibbA 🗌 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 to date 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-impowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

2-19-08 321-259-3241