## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Feb 12, 2008 8:00 am Secretary of State

DOCUMENT # N9600002600  1. Entity Name VILLA DANIELLE HOMEOWNERS ASSOCIATION, INC.				02-12-2008 90017 048 ****61.25			
Principal Place of Business 7752 RAMONA DR NAVARRE, FL 32566	AMONA DR P.O. BOX 6604				She bin bem beki ser	TI RENTA BETTE (1818 BITTI BETTE)	icht e ier
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						
79 (a5 Lola Circle Suite, Apt. #, etc.	Suite, Apt. #, etc.			01052008	Chg-NP	CR2E037 (12/06)	)
City & State			4. FEI Number 58-2586397		Applied For		
Navorie FL  Country  Country  Country  Charles	Zip	Count	ıry		of Status Desired	□ \$8.75 A	
6. Name and Address of Current R	agistared Agest	<u>-</u> -		7 Name and /	Address of New S	Fee Requi	1961 .
U. Realis and Address of Culter K	odistoion wheir		Name	/, name and /	Address of New R	offerenan Wilaur	
FOUNTAIN, KENNETH R 8855 NAVARRE PARKWAY GULF BREEZE, FL 32566		-	Street Address (P.O. Box Number is Not Acceptable)				
		-	City			FL Zip Co	ode
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registered	office or register	red agent, or both	ı, in the State of Flo	orida. 1 am familiar wit	h, and accept
and obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent an	nd tale if applicable. (NOTE	: Registered A	Ocur adutante tedrate	d when remetating)		DATE	
	od tale if applicable. (NOTE  9. Election Carm  Trust Fund C	ıpaign Fina	ancing	\$5.00 May Be Added to Fees	• •	DATE  Lake check payable rida Department of	
Signature, typed or printed name of registered agent an	9. Election Cam Trust Fund C	ıpaign Fina	ancing	\$5.00 May Be Added to Fees	Flor	Lake check payable	State
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Thereby certify that the information supplied with this filling 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 enhowered to execute this report as required by Chapter 817, 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.

| Chapter 817, 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.

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SIGNATURE: