


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90086 021 \*\*\*\*61.25

<b>DOCUMENT # N96000004693</b> 1. Entity Name <b>HOMEOWNERS OF LAS VERDES, INC.</b>					
Principal Place of Business <b>3706 SAWGRASS TITUSVILLE FL 32780 US</b>			Mailing Address <b>PO BOX 1354 TITUSVILLE FL 32781 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1388 LasVerdes Pl.</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Titusville FL.</b>		City & State		4. FEI Number <b>80-0026552</b>	
Zip <b>32780</b>		Country <b>BREVARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLEN ARCHER 1388 LAS VERDES PLACE TITUSVILLE FL 32780</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Glen Archer</u> <span style="float: right;"><b>3-2-07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JONES, BETTY</b> <b>37065 SAWGRASS DR.</b> <b>TITUSVILLE FL 32780</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Eddie Bertot</b> <b>1394 Las Verdes Ct.</b> <b>Titusville, FL 32780</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>MCMILLAN, BILLY</b> <b>1412 LAS VERDES PL</b> <b>TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>Althea Puzio, Sec.</b> <b>1400 Las Verdes Ct.</b> <b>Titusville, FL 32780</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>ARCHER, GLEN</b> <b>1388 LAS VERDES PL</b> <b>TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Margaret Grimm</b> <b>1398 Las Verdes Ct.</b> <b>Titusville, FL 32780</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>STYERS, GEORGETT</b> <b>3702 SAWGRASS DR</b> <b>TITUSVILLE FL 32780</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HARVEY, YVONNE</b> <b>1404 LAS VERDES</b> <b>TITUSVILLE FL 32780</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BROWN, FANNY</b> <b>1402 LAS VERDES PL</b> <b>TITUSVILLE FL 32780</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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.					
SIGNATURE: <u>Glen Archer</u> <b>Glen Archer - 3-2-07</b> <b>321-268-4727</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					