

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90222 043 ****61.25

40063700



01042005 Chg-NP CR2E037 (10/03)

| | | | | | |
|---|--|--|---|--|--|
| DOCUMENT # N96000005634 1. Entity Name VILLAS OF LAKE DESTINY HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business PRESIDENTIAL GROUP SOUTH 135 W. PINEVIEW ST ALTAMONTE SPRINGS, FL 32714 | | | Mailing Address PRESIDENTIAL GROUP SOUTH 135 W. PINEVIEW ST ALTAMONTE SPRINGS, FL 32714 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3412223 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| GUADAGNINO, ANTHONY C/O PRESIDENTIAL GROUP SOUTH, INC. 135 W. PINEVIEW ST. ALTAMONTE SPRINGS, FL 32714 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANDERSON, SCOTT 1010 WINDERLEY PLACE, UNIT 101 MAITLAND, FL 32751 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P David Girard 1010-129 Winderly Plc Maitland, FL 32751 |
| | | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GREEN, CHARLES 1010 WINDERLEY PLACE, UNIT 143 MAITLAND, FL 32751 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Linda Burfield 1010-104 Winderly Plc. Maitland, FL 32751 |
| | | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MICHELI, MARTA 1010 WINDERLEY PLACE, UNIT 127 MAITLAND, FL 32751 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Patrick Cree 1010-115 Winderly Plc Maitland, FL 32751 |
| | | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Patrick M. Cree</i> | | | 4/14/05 407-741-0633 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |