


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

06-25-2007 90003 019 ****61.25

DOCUMENT # N97000003580

1. Entity Name
VILLAS II OF HIGHLAND WOODS ASSOCIATION, INC.



4012100



Gulf Breeze Management Services, LLC Gulf Breeze Management Services, LLC
8910 Terrene Court, Suite 200 8910 Terrene Court, Suite 200
Bonita Springs, FL 34135 Bonita Springs, FL 34135

2. Principal Place of Business - No P.O. Box # 8910 TERRENE CT. Suite, Apt. #, etc. STE 200 City & State Bonita Springs, FL Zip 34135 Country USA		3. Mailing Address 8910 TERRENE CT. Suite, Apt. #, etc. STE 200 City & State Bonita Springs, FL Zip 34135 Country USA	
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01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0770173	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Gulf Breeze Management Services, LLC 8910 Terrene Court, Suite 200 Bonita Springs, FL 34135		7. Name and Address of New Registered Agent Name Gulf Breeze Management Services, LLC Street 8910 Terrene Court, Suite 200 Bonita Springs, FL 34135 City p Code	
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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 Ralph H. Weidner Weidner, Ralph L. 4/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELL, THOMAS D 26033 CLARKSTON DR. BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jane Cosky 26047 Clarkston Drive Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANEL, BOSLEY 26047 CLARKSTON DR. BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Kathryn Mattimore 26039 Clarkston Drive Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTIMORE, KASS 26039 CLARKSTON DR. BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P/D Bud Prue 26008 Clarkston Drive Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKRZYSOWSKI, RICHARD 26021 CLARKSTON DR. BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Thomas G. O'Dell 26033 Clarkson Drive Bonita Springs, FL 34135 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, EDWARD 26026 CLARKSTON DR. BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/A Edward Smith 26026 Clarkston Drive Bonita Springs, FL 34135 <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"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Thomas G. O'Dell O'Dell April 19-2007 239-992-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #