



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90040 027 \*\*\*\*61.25

<b>DOCUMENT # N97000004806</b> 1. Entity Name <b>THE TRADITIONS AT VILLAROSA HOMEOWNERS' ASSOCIATION INC.</b>					
Principal Place of Business <b>4131 GUNN HIGHWAY TAMPA, FL 33624</b>			Mailing Address <b>4131 GUNN HIGHWAY TAMPA, FL 33624</b>		
2. Principal Place of Business - No P.O. Box # <b>475 W TOWN PLACE #100</b> Suite, Apt. #, etc. <b>ST AUGUSTINE, FL</b> City & State		3. Mailing Address <b>475 W TOWN PLACE #100</b> Suite, Apt. #, etc. <b>ST AUGUSTINE, FL</b> City & State			
Zip <b>32092</b> Country		Zip <b>32092</b> Country		4. FEI Number <b>59-3498682</b>	
5.- Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
<b>\$8.75 Additional Fee Required</b>				01112008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>APPLETON, ERIC ESQ 220 S. FRANKLIN STREET TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>SEVERN TRENT SERVICES, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>475 W TOWN PLACE, #100</b> City <b>ST AUGUSTINE</b> FL Zip Code <b>32092</b>		
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><i>Sheli Moran as agent</i></u> <b>SHELI MORAN</b> <u>1/16/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARDNER, JAMES 4614 CORSAGE DR LUTZ, FL 33558	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAC ADAM, JOANNE 4703 CORSAGE DRIVE LUTZ, FL 33558	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAPLICK, JOHN 19425 MELODY FAIR PLACE LUTZ, FL 33558	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMBERLAND, JOHN 19417 GOLDEN SLIPPER PL LUTZ, FL 33558	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAC ADAM, JOANNE 4703 CORSAGE DR LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, CHARLIE 4715 CORSAGE DR LUTZ, FL 33558	<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: <u><i>Charles Jackson Sec.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Jan 23, 2008</u> <b>83.792.1750</b> <small>Date Daytime Phone #</small>		

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