

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005207

FILED  
Aug 20, 2005  
Secretary of State

**Entity Name:** NEW VARSHANA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

20415 NW 113TH WAY  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1795  
ALACHUA, FL 326161795

**New Mailing Address:**

**FEI Number:** 59-3491702      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MOY, JEFFREY T  
20415 N.W. 113TH WAY  
ALACHUA, FL 32615 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: RA ( ) Delete  
Name: MOY, JEFFREY T  
Address: 20415 N.W. 113TH WAY  
City-St-Zip: ALACHUA, FL 32615

Title: PD ( ) Delete  
Name: MOY, JEFFREY T  
Address: P.O. BOX 1795  
City-St-Zip: ALACHUA, FL 32616

Title: TD ( ) Delete  
Name: ALLIN, TOM  
Address: 20207 N.W. 113TH WAY  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: SYER, SERENE  
Address: 20109 N.W. 113TH WAY  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY T. MOY

PD

08/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date