2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90238 043 ****61.25

DOCUMENT # N99000000759

1. Entity Name
LAVITA VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
538 VIA DEL ORO ALTAMONTE SPRINGS, FL 32714	BERNICE HIGGINS 538 VIA DEL ORO ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business	3. Mailing Address
1279 McNeil Woods Pl.	PAM WHEELER 1279 McNeil Woods Place
Suite, Apt. #, etc.: Altamonte Springs, FL	Suite, Apt. #, etc.: Altamonte Springs, FL
City & State	City & State
Zip: 32714 Country: Seminole	Zip: 32714 Country: Seminole

03222005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3613843 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCPHERSON, VICKIE 523 VIA DEL ORO DRIVE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	TD HIGGINS, BERNICE 538 VIA DEL ORO ALTAMONTE SPRINGS, FL 32714	☒ Delete	PAM WHEELER 1279 McNEIL WOODS PLACE ALTAMONTE SPRINGS, FL 32714	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCPHERSON, VICKIE 523 VIA DEL ORO DRIVE ALTAMONTE SPRINGS, FL 32714	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMD GOODWIN, HAROLD 517 VIA DEL ORO DR. ALTAMONTE SPRINGS, FL 32714	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRANDES, LISA 540 VIA DEL ORO DRIVE ALTAMONTE SPRINGS, FL 32714	☒ Delete	ANTHONY PINERAS 536 VIA DEL ORO DRIVE ALTAMONTE SPRINGS, FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MATERA, ESTHER 530 VIA DEL ORO DRIVE ALTAMONTE SPRINGS, FL 32714	☒ Delete	PATRICIA PARR 526 VIA DEL ORO DRIVE ALTAMONTE SPRINGS, FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM SIMONS, GAIL 535 VIA DEL ORO DRIVE ALTAMONTE SPRINGS, FL 32714	☒ Delete		☐ Change ☐ 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: Vickie B. McPherson 4/18/05 407-875-0552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #