

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90132 046 ****66.25

DOCUMENT # N99000000759

1. Entity Name
LAVITA VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1279 MCNEIL WOODS PL
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**PAM WHEELER
1279 MCNEIL WOODS PL
ALTAMONTE SPRINGS, FL 32714**

50006379



2. Principal Place of Business

536 VIA DEL ORO DRIVE

Suite, Apt. #, etc.

3. Mailing Address

536 VIA DEL ORO DRIVE

Suite, Apt. #, etc.

03232006

Chg-NP

CR2E037 (11/05)

City & State

ALTAMONTE SPRINGS FL

City & State

ALTAMONTE SPRINGS FL

4. FEI Number

59-3613843

Applied For

Not Applicable

Zip

32714

Country

U.S.A.

Zip

32714

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCPHERSON, VICKIE
523 VIA DEL ORO DRIVE
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name **PEDRAM BEHNIA**

Street Address (P.O. Box Number is Not Acceptable)
534 VIA DEL ORO DRIVE

City **ALTAMONTE SPRINGS**

FL

Zip Code

32714

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

Antonio J. Pineros

ANTONIO J. PINEROS TREASURER

3/24/06

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, 2006**

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

TITLE **TD** ☒ Delete
NAME **WHEELER, PAM**
STREET ADDRESS **1279 MCNEIL WOODS PL**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **P** ☒ Delete
NAME **MCPHERSON, VICKIE**
STREET ADDRESS **523 VIA DEL ORO DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **V** ☒ Delete
NAME **PINERAS, ANTHONY**
STREET ADDRESS **536 VIA DEL ORO DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **S** ☐ Delete
NAME **PARR, PATRICIA**
STREET ADDRESS **526 VIA DEL ORO DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Change ☐ Addition
NAME **TONY PINEROS**
STREET ADDRESS **536 VIA DEL ORO DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **P** ☒ Change ☐ Addition
NAME **PEORAM BEHNIA**
STREET ADDRESS **534 VIA DEL ORO DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **V** ☒ Change ☐ Addition
NAME **LISA BRANDES**
STREET ADDRESS **540 VIA DEL ORO DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **S** ☐ Change ☐ Addition
NAME **PATRICIA PARR**
STREET ADDRESS **526 VIA DEL ORO DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ Change ☒ Addition
NAME **LISA WISNER**
STREET ADDRESS **519 VIA DEL ORO DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Antonio J. Pineros

ANTONIO J. PINEROS

3/24/06

407 788-1833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #