

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001072

FILED  
Jul 22, 2008  
Secretary of State

**Entity Name:** THE VILLAS I AT HERITAGE COVE ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LANE  
SUITE 49  
FORT MYERS, FL 33907

**New Principal Place of Business:**

14041 BRANT POINT CIRCLE  
FORT MYERS, FL 33919

**Current Mailing Address:**

12734 KENWOOD LANE  
SUITE 49  
FORT MYERS, FL 33907

**New Mailing Address:**

14041 BRANT POINT CIRCLE  
FORT MYERS, FL 33919

**FEI Number:** 65-0976830 **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:**

SPIRES, JAN  
12734 KENWOOD LANE  
SUITE 49  
FORT MYERS, FL 33907 US

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

SPIRES, JAN  
14041 BRANT POINT CIRCLE  
FORT MYERS, FL 33919 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: \_\_\_\_\_

07/22/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HASKIN, CHARLES  
Address: 14063 MYSTIC SEAPORT WAY  
City-St-Zip: FORT MYERS, FL 33919

Title: VD ( ) Delete  
Name: TRAINA, SAL  
Address: 14163 MYSTIC SEAPORT WAY  
City-St-Zip: FORT MYERS, FL 33919

Title: STD ( ) Delete  
Name: CAMLEK, ROGER  
Address: 14117 MYSTIC SEAPORT WAY  
City-St-Zip: FORT MYERS, FL 33919

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

Title: PD (X) Change ( ) Addition  
Name: HASKINS, CHARLES  
Address: 14063 MYSTIC SEAPORT WAY  
City-St-Zip: FORT MYERS, FL 33919

Title: VD (X) Change ( ) Addition  
Name: TRAINA, SAL  
Address: 14096 BRENTON REEF WAY  
City-St-Zip: FORT MYERS, FL 33919

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES HASKINS

PD

07/22/2008

Electronic Signature of Signing Officer or Director

Date