2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000034531

Entity Name: SAN POLO VILLAS HOMEOWNER'S ASSOCIATION, INC.

FILED Apr 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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746 VIA SAN POLO 834 VIA SAN POLO LADY LAKE, FL 32159 LADY LAKE, FL 32159

Current Mailing Address: New Mailing Address:

P.O. BOX 1924 834 VIA SAN POLO LADY LAKE, FL 32158 LADY LAKE, FL 32159

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

RICHEY, STEVEN J MICHAEL, MILLHORN D
1009 NORTH 14TH STREET 13710 U.S. HWY 441
LEESBURG, FL 347492460 US LADY LAKE, FL 32159 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: MICHAEL D. MILLHORN 04/01/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P () Delete Title: P (X) Change () Addition

 Name:
 FORTIN, PIERRE R
 Name:
 GLEN, HOLLAND

 Address:
 746 VIA SAN POLO
 Address:
 810 VIA SAN POLO

 City-St-Zip:
 LADY LAKE, FL 32159
 City-St-Zip:
 LADY LAKE, FL 32159

Title: VT () Delete Title: VP (X) Change () Addition

 Name:
 FOCTIN, PIERRE
 Name:
 HEWETT, MICHELLE

 Address:
 746 VIA SAN AILO
 Address:
 835 VIA SAN POLO

 City-St-Zip:
 LADY LAKE, FL 32159
 City-St-Zip:
 LADY LAKE, FL 32159

Title: T () Delete Title: S (X) Change () Addition

 Name:
 FORTIN, PIERRE R
 Name:
 SHARPNACK, ALBA C

 Address:
 746 VIA SAN POLO
 Address:
 834 VIA SAN POLO

 City-St-Zip:
 LADY LAKE, FL 32159
 City-St-Zip:
 LADY LAKE, FL 32159

Title: S (X) Delete Title: () Change () Addition

FORTIN, PIERRE Name:
746 VIA SAN POLO Address:
LADY LAKE, FL 32159 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBA SHARPNACK S 04/01/2007