

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000075382

1. Entity Name

VILLAS ON THE BAY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB -8 AM 11:57

Principal Place of Business

55 AVISTA CIRCLE
ST. AUGUSTINE FL 32080

Mailing Address

PO BOX 3405
ST AUGUSTINE FL 32085-3405



2. Principal Place of Business - No P.O. Box #

505 HORT OWL CT

Suite, Apt. #, etc.

ST AUGUSTINE FL

City & State

ST

Zip

32080

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **59-3476470**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUSHELL, BRENDA A
55 AVISTA CIRCLE
ST. AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BUSHELL, ANTHONY D	PO BOX 3405	ST. AUGUSTINE FL 32085-3405	<input type="checkbox"/>
D	BUSHELL, BRENDA A	PO BOX 3405	ST. AUGUSTINE FL 32085-3405	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		300118354583	02/13/08--01050--023	<input type="checkbox"/>	<input type="checkbox"/>
			**\$300.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

904/806/1/12

Case

Daytime Phone #