2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# 712834

Entity Name: VILLAGER ASSOCIATION, OF MANATEE COUNTY

Current Principal Place of Business:

6021 ARLENE WAY
BRADENTON, FL 34207 US

New Principal Place of Business:

Current Mailing Address:

6021 ARLENE WAY
BRADENTON, FL 34207 US

New Mailing Address:

FEI Number: 59-1221770 **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:

BECKER & POLIAKOFF, P.A.
6230 UNIVERSITY PARKWAY, SUITE 204
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEDESMA, CARMEN
Address: 6031 ARLENE WAY
City-St-Zip: BRADENTON, FL 34207

Title: V ( ) Delete
Name: HARTLAND, JOYCE
Address: 6042 ARLENE WAY
City-St-Zip: BRADENTON, FL 34207

Title: S ( ) Delete
Name: CLOUSER, MARTHA
Address: 6022 LILLI WAY
City-St-Zip: BRADENTON, FL 34207

Title: T ( ) Delete
Name: DAVIS, NANCI
Address: 6029 ARLENE WAY
City-St-Zip: BRADENTON, FL 34207

Title: D ( ) Delete
Name: DAVIS, LYNDA
Address: 6027 ARLENE WAY
City-St-Zip: BRADENTON, FL 34207

Title: D ( ) Delete
Name: PRYOR, PAT
Address: 6052 LILLI WAY
City-St-Zip: BRADENTON, FL 34207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEDESMA, CARMEN
Address: 6031 ARLENE WAY
City-St-Zip: BRADENTON, FL 34207

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

Title: P (X) Change ( ) Addition
Name: CLOUSER, MARTHA
Address: 6022 LILLI WAY
City-St-Zip: BRADENTON, FL 34207

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

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

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: MARTHA CLOUSER PRES 06/24/2009

Electronic Signature of Signing Officer or Director — Date