

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 10, 2009  
Secretary of State**

DOCUMENT# 736533

**Entity Name:** THE VILLAS AT SIGNAL HILL PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4523 THREE LAKES CR  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 585177  
ORLANDO, FL 32858

**New Mailing Address:**

**FEI Number:** 59-3166822      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MASERESIAN, ARTHUR  
4523 THREE LAKES CIR  
ORLANDO, FL 32808      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: PD      ( ) Delete  
Name: MASEREJIAN, ARTHUR  
Address: 4522 THREE LAKES CIR  
City-St-Zip: ORLANDO, FL 32808

Title: T      ( ) Delete  
Name: SMITH, JOAN  
Address: 4719 CARTEGENA COURT  
City-St-Zip: ORLANDO, FL 32808

Title: VP      ( ) Delete  
Name: RICRDAN, PAUL  
Address: 5149 CLARION OAKS DR  
City-St-Zip: ORLANDO, FL 32808

Title: S      ( ) Delete  
Name: BROOKS, BETTY J  
Address: 4525 THREE LAKES CIRCLE  
City-St-Zip: ORLANDO, FL 32808

Title: BM      ( ) Delete  
Name: ARGUELLES, BRANDON  
Address: 4723 HATTERAS CT  
City-St-Zip: ORLANDO, FL 32808

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

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

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

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: JOAN SMITH

T

02/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date