

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745014

FILED
Apr 21, 2009
Secretary of State

Entity Name: VERSAILLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4722 SE 1ST PLACE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

%PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US

New Mailing Address:

PROFESSIONAL REALTY CONSULTANTS
PO BOX 100831
CAPE CORAL, FL 33910 US

FEI Number: 59-1966207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEAGUE, GEORGE
PROFESSIONALLY YOUR, INC
2503 DEL PRADO BLVD #500
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

PROFESSIONAL REALTY CONSULTANTS
3501 DEL PRADO BLVD., #100
CAPE CORAL, FL 33904 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: PROFESSIONAL REALTY CONSULTANTS

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SDT () Delete
Name: BRUGNOLI, GLORIA
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904 US

Title: P () Delete
Name: GARDEN, SUSAN
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: SPINA, MARIO
Address: 2503 DEL PRADO BLVD; STE 500
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SDT (X) Change () Addition
Name: BRUGNOLI, GLORIA
Address: 3501 DEL PRADO BLVD; STE 100
City-St-Zip: CAPE CORAL, FL 33904 US

Title: P (X) Change () Addition
Name: GARDEN, SUSAN
Address: 3501 DEL PRADO BLVD; STE 100
City-St-Zip: CAPE CORAL, FL 33904

Title: VP (X) Change () Addition
Name: SPINA, MARIO
Address: 3501 DEL PRADO BLVD; STE 100
City-St-Zip: CAPE CORAL, FL 33904

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: PROFESSIONAL REALTY CONSULTANTS

AGNT

04/21/2009

Electronic Signature of Signing Officer or Director

Date