

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765526

FILED
Jun 23, 2009
Secretary of State

Entity Name: VERSAILLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1004 VERSAILLES CT
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

1004 VERSAILLES CT.
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-2300448 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:

DOUGLAS, ANTHONY
901 VERSAILLES CIR
MAITLAND, FL 32751 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: DOUGLAS, ANTHONY
Address: 901 VERSAILLES CIR
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: GOLDBERG, BRUCE
Address: 916 VERSAILLES CIR
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: HENDERSON, ANN
Address: 1004 VERSAILLES COURT
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: SETH, MONISHA
Address: 901 VERSAILLES CIR
City-St-Zip: MAITLAND, FL 32751

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:

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: ANN HENDERSON

Electronic Signature of Signing Officer or Director

MRS

06/23/2009

_____ Date