2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000873

FILED Apr 30, 2009 Secretary of State

Entity Name: LA COSTA VILLAS OF ORLANDO, INC.

ourrent F	Principal Place	OT BUSINESS:	New Principal Place	e ot business:
110 N. OF	RLANDO AVE.			
o MAITLAN	D, FL 32751			
Current N	Mailing Address	s:	New Mailing Addres	ss:
110 N. OF	RLANDO AVE.			
o MAITLAN	D, FL 32751			
FEI Numbe	r: 59-3696715	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
VINCE, M 110 N. OF	ARILYN RLANDO AVE.			
MAITLAN	D, FL 32751 U	S		
				ad affice ar registered agent or both
	e named entity s te of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
	te of Florida. IRE:	·		ed office of registered agent, or both,
n the Stat	te of Florida. IRE:	c Signature of Registered Age		Date
n the Stat SIGNATU	te of Florida. IRE:	c Signature of Registered Age	ent	
n the Stat SIGNATU DFFICER Fitle: Name: Address:	te of Florida. IRE: Electroni S AND DIRECT	c Signature of Registered Ago F ORS: Delete DR	ent	Date
n the Stat SIGNATU	te of Florida. IRE: Electroni S AND DIRECT PD () BISHOP, ADAM 5831 LA COSTA ORLANDO, FL	c Signature of Registered Age FORS: Delete DR 32807 Delete MARI DR	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
n the Stat SIGNATU OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	te of Florida. IRE: Electroni S AND DIRECT PD () BISHOP, ADAM 5831 LA COSTA ORLANDO, FL: TD () THOMPSON, ON 5807 LA COSTA ORLANDO, FL:	c Signature of Registered Age FORS: Delete DR 32807 Delete MARI DR 32807 Delete L DR	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR () Change () Addition

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: MARILYN VINCE CAM 04/30/2009