## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000008222

FILED Mar 20, 2009 Secretary of State

Entity Name: VILLA DEL MARE TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:** New Principal Place of Business:

CONDOMINIUM ASSOCIATES 777 S. HARBOUR ISLAND BLVD.

777 S. HARBOUR ISLAND BLVD #270 SUITE 270 TAMPA, FL 33602

TAMPA, FL 33602

**Current Mailing Address:** New Mailing Address:

CONDOMINIUM ASSOCIATES 200 NORTH PINE AVENUE 3001 EXECUTIVE DR SUITE 260 SUITE A

CLEARWATER, FL 33762 OLDSMAR, FL 34677

FEI Number: 20-2825697 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CONDOMINIUM ASSOCIATES BRUDNY & RABIN, PA 777 S. HARBOUR ISLAND BLVD #270 200 NORTH PINE AVENUE TAMPA, FL 33602 SUITE A OLDSMAR, FL 34677 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: MICHAEL BRUDNY 03/20/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

SASS, CHRIS Name: Name: 114 DAVIS ISLAND BLVD #3 Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

Name: BROWN, JEFF Name: KITZMILLER, CHARLES Address: 114 DAVIS ISLAND BLVD #1 Address: 114 DAVIS ISLAND BLVD #2

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606

Title: () Delete Title: (X) Change ( ) Addition

MELVER, BERNER Name: MCIVER, BERNER Name:

114 DAVIS ISLAND BLVD #10 114 DAVIS ISLAND BLVD #10 Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33606

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: KELLY, TERRY Address: Address: 114 E. DAVIS BLVD. #7 TAMPA, FL 33606 City-St-Zip: 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: CHRIS SASS Ρ 03/20/2009