

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# N04000002034

Entity Name: THE TOWNHOMES AT VILLAS DEL CAMPO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

THE CONTINENTAL GROUP INC.
11981 SW 144 CT, #201
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

THE CONTINENTAL GROUP INC.
11981 SW 144 CT, #201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-0923287 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIR.
STE 1102
CORAL GABLES, FL 33134 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: DP (X) Delete
Name: CASTILLO, DENISE
Address: 24705 SW 110 PLACE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: DV () Delete
Name: DUCASSE, ROSE
Address: 24718 SW 109 PLACE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: DST () Delete
Name: LYON, KATHRYN
Address: 24540 SW 109 PL
City-St-Zip: HOMESTEAD, FL 33002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: DUCASSE, ROSE
Address: 24718 SW 109 PLACE
City-St-Zip: HOMESTEAD, FL 33032 US

Title: DV (X) Change () Addition
Name: LYON, KATHRYN
Address: 24540 SW 109 PL
City-St-Zip: HOMESTEAD, FL 33002

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: ROSE DUCASSE

DP

02/17/2009

Electronic Signature of Signing Officer or Director

Date