

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002754

FILED
Apr 21, 2009
Secretary of State

Entity Name: VILLINI AT GLEN KERNAN PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5955 T.G. LEE BLVD.
SUITE 300
ORLANCO, FL 328224457

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANCO, FL 328093200

Current Mailing Address:

5955 T.G. LEE BLVD.
SUITE 300
ORLANCO, FL 328224457

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANCO, FL 328093200

FEI Number: 20-2534336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT INC
5955 T.G. LEE BLVD.
SUITE 300
ORLANDO, FL 328224457 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT INC
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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: REBECCA FURLOW

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HENDRICH, WILLIAM
Address: 4530 CARRARA COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: P () Delete
Name: MULLANEY, MIKE
Address: 4522 SAN LORENZO BLVD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: S () Delete
Name: PELT, LUANN
Address: 4547 SAN LORENZO BLVD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: RAWLS, MICHELLE
Address: 13114 VIA ROMA COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: KEITT-IGLEASIAS, RONNA
Address: 4561 CURRARA COURT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOREHEAD, CHARLES
Address: 4540 SAN LORENZO BLVD
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: D (X) Change () Addition
Name: DYE, ALLEN
Address: 4499 SAN LORENZO BLVD
City-St-Zip: JACKSONVILLE, FL 32224

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: MICHAEL MULLANEY

DP

04/21/2009

Electronic Signature of Signing Officer or Director

Date