

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# N06000007921

Entity Name: ARMENIA VILLAGE CONDOMINIUMS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5901US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5901US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 33-1143302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFEID PROPERTY
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 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: PD () Delete
Name: LAMBERT, DANIEL
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD () Delete
Name: VERRILLO, JAMES
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: ESPINOSA, FRANCISCO A
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T () Delete
Name: VILLEGAS, JOSE A
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARY WHITE

Electronic Signature of Signing Officer or Director

AGEN

03/17/2009

Date