2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N15364

Entity Name: VILLA CITY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7403 LAKE EMMA RD.
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 331 RD
GROVELAND, FL 34736

New Mailing Address:

FEI Number: 59-2548653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, MARY ANN
18326 ROSE STREET
GROVELAND, FL 34736 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: P ( ) Delete
Name: REAVES, FRANKLIN
Address: 5001 MOON LAKE RD.
City-St-Zip: GROVELAND, FL 34736

Title: V ( ) Delete
Name: GORDON, JAN
Address: 17929 LAKE LUCY LANE
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete
Name: BENZEL, CYNDI
Address: 7403 LAKE EMMA ROAD
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete
Name: MILLER, TERRY
Address: PO BOX 35
City-St-Zip: HOWEY, FL 34737

Title: T ( ) Delete
Name: BROWN, MARY ANN
Address: 18236 ROSE STREET
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete
Name: PROCTOR, MARTY
Address: 18225 ROSE ST.
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KING, HOWARD
Address: 5772 MICHELLE LANE
City-St-Zip: SANFORD, FL 32771

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:

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 ANN BROWN T 04/08/2009

Electronic Signature of Signing Officer or Director — Date