

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012541

FILED
Mar 16, 2009
Secretary of State

Entity Name: VILLA JARDINE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

239 OAKTREE CIRCLE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

239 OAKTREE CIRCLE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 90-0314982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SREDNI, LILIAN
1400 NE MIAMI GARDENS DRIVE
SUITE #208
NORTH MIAMI, FL 33179 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: DCPT () Delete
Name: MITCHELL, LORI
Address: 239 OAK TREE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DS () Delete
Name: NOWOSTARSKI, MIKE
Address: 950 MONTGOMERY RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P () Delete
Name: NOSRATTI, SHAHRAM
Address: 239 OAK TREE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: KHANKHANIAN, BEHZAD
Address: 239 OAK TREE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

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: LILIAN SREDNI

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date