2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711143

FILED Mar 02, 2009 Secretary of State

Entity Name: VILLA NAVARRA ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1314 E. VENICE AVENUE SUITE C VENICE, FL 34285

New Mailing Address: Current Mailing Address:

1314 E. VENICE AVENUE SUITE C VENICE, FL 34285

FEI Number: 59-1207934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WHITEWAY, SUE WHITEWAY, SUE 141 AVENIDA MESSINA 141 AVENIDA MESSINA APT. #2 UNIT 6 SARASOTA, FL 34242 US SARASOTA, FL 34242 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: SUE WHITEWAY 03/02/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ERNE, DIANE SMITH, MARTHA HELEN Name: Name: 145 AVENIDA MESSINA, APT 2 Address: 145 AVENIDA MESSINA, UNIT 2 Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242

(X) Change () Addition Title: () Delete Title:

WHITEWAY, SUE Name: WHITEWAY, SUE Name:

Address: 141 AVENIDA MESSINA.APT 2 Address: 141 AVENIDA MESSINA, UNIT 6 City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242

Title: () Delete Title: (X) Change () Addition

BAILEY, ELAINE BAILEY, ELAINE Name: Name:

137 AVENIDA MESSINA, APT.3 137 AVENIDA MESSINA, UNIT 11 Address: Address: SARASOTA, FL 34242 SARASOTA, FL 34242 City-St-Zip:

City-St-Zip:

() Delete Title: Title: () Change () Addition

HOLPP, AL Name: Name: 4846 HIGEL AVENUE Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip:

Title: Title: (X) Delete () Change () Addition

SMITH, MARTHA Name: Name: 133 AVENIDA MESSINA APT. 2 Address: Address: City-St-Zip: SARASOTA, FL 34242 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: MARTHA HELEN SMITH **PRES** 03/02/2009