## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#712527**

FILED Jan 27, 2009 Secretary of State

Entity Name: VILLA DE PALMAS HOME OWNERS ASSOCIATION, INC.

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

PO BOX 541626 109 VIA DELAREINA

MERRITT ISLAND, FL 32954 MERRITT ISLAND, FL 32953 US

Current Mailing Address: New Mailing Address:

PO BOX 541626 P.O. BOX 541626

MERRITT ISLAND, FL 32954 MERRITT ISLAND, FL 32954 US

FEI Number: 59-2376719 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WASH, DOROTHY A WASH, CLARENCE W
109 VIA DELAREINA 109 VIA DELAREINA

MERRITT ISLAND, FL 32953 US MERRITT ISLAND, FL 32953 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: CLARENCE W. WASH 01/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VP ()Delete Title: P (X)Change ()Addition

Name: BEYERSDORF, PAUL Name: PAGE, TOM

 Address:
 157 VIA HAVARRE
 Address:
 249 VIA HAVARRE

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:
 MERRITT ISLAND, FL 32953

Title: T ( ) Delete Title: VP (X) Change ( ) Addition Name: WASH, CLARENCE W Name: BEYERSDORF, PAUL O

Address: 109 VIA DELAREINA Address: 157 VIA HAVARRE

City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953

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

Name: BOWEN, NANCY Name: CUDA, KATHY

 Address:
 244 VIA HAVARRE
 Address:
 128 VIA HAVARRE

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:
 MERRITT ISLAND, FL 32953

Title: D ( ) Delete Title: T (X) Change ( ) Addition
Name: BOWMAN, HEIDE Name: WASH, CLARENCE W

Address: 241 VIA HAVARRE Address: 109 VIA DELAREIAN

City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953

 Name:
 CAUFFMAN, WILLIAM
 Name:

 Address:
 2265 SYKES CREEK DR.
 Address:

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 City-St-Zip:

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

 Name:
 HARLOW, MARY LOU
 Name:

 Address:
 168 VIA HAVARRE
 Address:

 City-St-Zip:
 MERRITT ISLAND, FL 32953
 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: CLARENCE W. WASH T 01/27/2009