

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719463

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: VILLE D'OR CONDOMINIUM, INC.

**Current Principal Place of Business:**

3126 HARBOR BLVD  
2B  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 495448  
PORT CHARLOTTE, FL 339495448 US

**New Mailing Address:**

PO BOX 495448  
PORT CHARLOTTE, FL 33949

FEI Number: 59-1510454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASE, PATRICIA PRES  
3126 HARBOR BLVD.  
2B  
PORT CHARLOTTE, FL 33952 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: DP,T ( ) Delete  
Name: CASE, PATRICIA  
Address: 3126 HARBOR BLVD 2-B  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: DS ( ) Delete  
Name: SEGUINOT, LORETTA  
Address: 3106 HARBOR BLVD, 3B  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: D ( ) Delete  
Name: ZITANI, RAYMOND  
Address: 312 WALDEN COURT  
City-St-Zip: EAST MORICHES,, NY 11940 US

**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:

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: PATRICIA CASE

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date