2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723397

Address:

City-St-Zip:

7617 NW 67TH CT.

TAMARAC, FL 33321

FILED Apr 21, 2009 Secretary of State

Entity Name: VANGUARD VILLAGE IN THE MAINLANDS COMMUNITY TWO ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: V.V. COM. 2 ASSN. INC. 6900 N.W. 77TH STREET TAMARAC, FL 333215242 US **New Mailing Address: Current Mailing Address:** V.V. COM. 2 ASSN. INC 6900 N.W. 77TH STREET TAMARAC, FL 333215242 US FEI Number: 23-7281250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COSTA, LORI 7203 NW 77TH ST TAMARAC, FL 33321 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COSTA, LORI Name: Name: 7604 NW 73RD AVE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: () Delete Title: (X) Change () Addition LINDSAY, ROGER Name: LINDSAY, ROGER Name: Address: 7001 NW 77TH ST Address: 7612 NW 69 AVENUE City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: (X) Change () Addition CIAPPESON, MONICA CIAPPESON, MARIA M Name: Name: 7616 NW 68TH AVE Address: Address: 7616 NW 68TH AVE City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: CS () Delete Title: CS (X) Change () Addition Name: MILLER, CHRISTINE Name: TAVAREZ, LIGIA 7201 NW 76TH ST Address: 7207 NW 77TH ST Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: (X) Change () Addition GETER, LOIS A CIAPPESONI, MARIA M Name: Name: 7609 NW 72 TERRACE 7616 NW 68TH AVENUE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: () Change () Addition SINCLAIR, LÀGENE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARIA MONICA CIAPPESONI RS 04/21/2009