2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725398

FILED Mar 14, 2009 Secretary of State

Entity Name: VILLA RIO CONDOMINIUM APARTMENTS INC

Current Principal Place of Business: New Principal Place of Business: 2400 NORTHEAST 16TH ST POMPANO BEACH, FL 33062 **Current Mailing Address: New Mailing Address:** 2400 NORTHEAST 16TH ST. #104 POMPANO BEACH, FL 33062 FEI Number: 59-1519687 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: BRIDGER, SAGE L 2400 NE 16TH STREET #104 POMPANO BEACH, FL 33062 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 BRIDGER, SAGE Name: Name: 2400 NE 16ST #104 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: () Change () Addition ANDREWS, MARK Name: Name: Address: 2400 NE 16 ST #204 Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: () Change () Addition PERRIGO, JANICE, Name: Name: 2400 NE 16 ST. #113 Address: Address: City-St-Zip: POMPANO BEACH, FL City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, BRAD Name: Name: Address: 2400 BE 16 ST #214 Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: (X) Change () Addition COFKA, MARK NIX, CONRAD Name: Name: 2400 NE 16ST #212 2400 NE 16ST #203 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: (X) Delete Title: () Change () Addition BUCK, DARYL Name: Name: Address: 2400 NE 16 ST STE 112 Address: POMPANO BEACH, FL 33062 City-St-Zip: 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: SAGE L. BRIDGER T 03/14/2009