

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726264

FILED
Apr 09, 2009
Secretary of State

Entity Name: VILLA SABINE TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 12
GULF BREEZE, FL 32562

New Principal Place of Business:

452-522 FT. PICKENS RD.
PENSACOLA BEACH, FL 32561

Current Mailing Address:

P.O. BOX 12
GULF BREEZE, FL 32562

New Mailing Address:

FEI Number: 59-1687241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELGER, TOM
114 BAY BRIDGE DR
PENSACOLA BEACH, FL 32561 US

Name and Address of New Registered Agent:

BELGER, TOM
114 BAY BRIDGE DR
GULF BREEZE, FL 32561 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: _____

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROZ, PETER
Address: 3480 ASHMORE LANE
City-St-Zip: PACE, FL 32571

Title: SD () Delete
Name: LOWERY, JACK
Address: 5630 FIRESTONE DR.
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: DIAS, VERONICA
Address: 1227 E. JACKSON ST
City-St-Zip: PENSACOLA, FL 32501

Title: TD () Delete
Name: BELGER, TOM
Address: P.O. BOX 36
City-St-Zip: GULF BREEZE, FL 32562

Title: D () Delete
Name: TIMMS, JAMES
Address: 522 FT. PICKENS RD
City-St-Zip: PENSACOLA BEACH, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ABBOTT, GERRI
Address: 456 FT. PICKENS RD.
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D (X) Change () Addition
Name: DIAS, HENRIQUE
Address: 1227 E. JACKSON ST
City-St-Zip: PENSACOLA, FL 32501

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: THOMAS BELGER

TD

04/09/2009

Electronic Signature of Signing Officer or Director

Date