2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# 734952

Entity Name: THE VILLAS AT INDIAN RIVER PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE RD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE RD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-3273718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: D ( ) Delete
Name: ALLEN, BRIAN
Address: 2585 VIA VITTORIA CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T ( ) Delete
Name: ALLEN, JANINA
Address: 2585 VIA VITTORIA CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD ( ) Delete
Name: FELLOWS, SARA
Address: 2520 VIA VITTORIA CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD ( ) Delete
Name: ARTHUR, ROBERT
Address: 2545 VIA MILANO CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DP (X) Delete
Name: THEEL, KEN
Address: 425 VIA VALENCIA CT
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: ALLEN, JANINA
Address: 2585 VIA VITTORIA CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD (X) Change ( ) Addition
Name: OWEN, DEBRA
Address: 2575 VIA VITTORIA CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PD (X) Change ( ) Addition
Name: MULLIN, MARGARET
Address: 2530 VIA VITTORIA CT
City-St-Zip: MERRITT ISLAND, FL 32953

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: MARGARET MULLIN PD 03/14/2008

Electronic Signature of Signing Officer or Director — Date