2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 735860

Entity Name: VILLAGER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

877 N. HWY A1A, #1300
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

877 N. HWY A1A, #1300
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-1722794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PELLER, JANET
877 N. HWY A1A,
#505
INDIALANTIC, FL 32903 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:	P	( ) Delete
Name:	PELLER, JANET	
Address:	877 N. HWY A1A, #505	
City-St-Zip:	INDIALANTIC, FL 32903	
Title:	V	( ) Delete
Name:	MENDOLA, CHRIS	
Address:	877 N. HWY A1A, #1202	
City-St-Zip:	INDIALANTIC, FL 32903	
Title:	S	( ) Delete
Name:	TENNYSON, FAITH	
Address:	877 N. HWY A1A, #203	
City-St-Zip:	INDIALANTIC, FL 32903	
Title:	T	( ) Delete
Name:	HERRMAN, KATHY	
Address:	877 N. HWY A1A, #205	
City-St-Zip:	INDIALANTIC, FL 32903	
Title:	D	( ) Delete
Name:	BLOY, BARBARA	
Address:	877 N. HWY A1A, #103	
City-St-Zip:	INDIALANTIC, FL 32903	
Title:	D	( ) Delete
Name:	KNUREK, DENNIS	
Address:	877 N. HWY A1A, #601	
City-St-Zip:	INDIALANTIC, FL 32903	

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:	
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: JANET PELLER PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date