

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 15, 2009  
Secretary of State**

DOCUMENT# 739676

Entity Name: VILLA GRANDE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1106 SE 46TH ST.  
APT. 103  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

1106 SE 46TH ST.  
APT. 103  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

FEI Number: 59-2041053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DALY, DAN  
1106 SE 46TH ST.  
APT. 103  
CAPE CORAL, FL 33904 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: DALY, DAN  
Address: 1106 SE 46 STR #103  
City-St-Zip: CAPE CORAL, FL 33904

Title: ST ( ) Delete  
Name: DALY, KATHERINE  
Address: 1106 SE 46 STR #103  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DAN DALY

P

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date