

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742698

FILED
Jan 19, 2009
Secretary of State

Entity Name: VERSAILLES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

605 S GULFSTREAM AVE.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

605 S GULFSTREAM AVE.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1890648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABEL, HARVEY J
240 S. PINEAPPLE AVENUE
SARASOTA, FL 34236 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: LOWY, SUSAN
Address: 605 GULFSTREAM AVE.
City-St-Zip: SARASOTA, FL 34236

Title: TD () Delete
Name: HICKS, BOBBI
Address: 605 GULFSTREAM AVE.
City-St-Zip: SARASOTA, FL 34236

Title: VP () Delete
Name: CARDELLIO, KRISTY
Address: 605 GULFSTREAM AVE.
City-St-Zip: SARASOTA, FL 34236

Title: S () Delete
Name: MCARTHUR, BRIAN
Address: 605 WILD TURKEY LANE
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: DIRSCOM, NICOLE
Address: 605 GULFSTREAM AVE
City-St-Zip: SARASOTA, FL 34234

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: S (X) Change () Addition
Name: MCCARTHY, BRIAN
Address: 605 GULFSTREAM AVE
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change () Addition
Name: DRISCOLL, NICOLE
Address: 605 GULFSTREAM AVE
City-St-Zip: SARASOTA, FL 34234

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: SUSAN LOWY

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date