2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745481

FILED Apr 15, 2009 Secretary of State

Entity Name: VERSAILLES VILLAS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON, FL 33431 **New Mailing Address: Current Mailing Address:** 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON, FL 33431 FEI Number: 59-1908375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD SUITE 18 BOCA RATON, FL 33431 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCCABE, HUGH Name: Name: 1845 NW 4TH AVE #28 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: Title: VD (X) Change () Addition () Delete BENNETT, VALERIE Name: TOLCHIN, DANIEL Name: Address: 1845 NW 4TH AVENUE, SUITE #25 Address: 1945 NW 4 AVE #34 City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: VPD () Delete Title: SD (X) Change () Addition ORMAECHE, CARMEN QUITTER, BRENDAN Name: Name: Address: 1845 NW 4TH AVE #23 Address: 8060 STIRRUP CAY COURT City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: SD () Delete Title: TD (X) Change () Addition Name: OLANO, ROBERT Name: OLANO, ROBERT Address: 1945 NW 4TH AVE #40 Address: 1945 NW 4TH AVE #40 City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: () Delete Title: (X) Change () Addition GARABEDIAN, JEAN MARC MCCABE, BARBARA Name: Name: 1745 NW 4TH AVENUE. SUITE #3 1845 NW 4TH AVE #28 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: () Delete Title: () Change (X) Addition HARRIS, SILVIA Name: Name: Address: Address: 1945 NW 4TH AVE #31C BOCA RATON, FL 33432 City-St-Zip: 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: HUGH MCCABE PD 04/15/2009