

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 26, 2009
Secretary of State

DOCUMENT# 745481

Entity Name: VERSAILLES VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**500 NE SPANISH RIVER BLVD
SUITE 18
BOCA RATON, FL 33431 US**New Principal Place of Business:**9825 MARINA BLVD
SUITE 100
BOCA RATON, FL 33428 US**Current Mailing Address:**500 NE SPANISH RIVER BLVD SUITE 18
BOCA RATON, FL 33431 US**New Mailing Address:**PO BOX 880269
BOCA RATON, FL 33488 US**FEI Number:** 59-1908375**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIS, ERNEST W
500 NE SPANISH RIVER BLVD SUITE 18
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**RUSSO, WILLIAM
9825 MARINA BLVD
SUITE 100
BOCA RATON, FL 33428 US

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: WILLIAM RUSSO

06/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCABE, HUGH
Address: 1845 NW 4TH AVE #28
City-St-Zip: BOCA RATON, FL 33432

Title: VD () Delete
Name: TOLCHIN, DANIEL
Address: 1945 NW 4 AVE #34
City-St-Zip: BOCA RATON, FL 33432

Title: SD () Delete
Name: ORMAECHE, CARMEN
Address: 8060 STIRRUP CAY COURT
City-St-Zip: BOCA RATON, FL 33432

Title: TD () Delete
Name: OLANO, ROBERT
Address: 1945 NW 4TH AVE #40
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: MCCABE, BARBARA
Address: 1845 NW 4TH AVE #28
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: HARRIS, SILVIA
Address: 1945 NW 4TH AVE #31C
City-St-Zip: BOCA RATON, FL 33432

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
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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: HUGH MCCABE

PD

06/26/2009

Electronic Signature of Signing Officer or Director

Date