2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745978

FILED Feb 02, 2009 Secretary of State

Entity Name: VILLA MARQUIS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1501 COOK AVE 1801 COOK AVENUE ORLANDO, FL 32806 ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 1501 COOK AVE 1801 COOK AVENUE ORLANDO, FL 32806 ORLANDO, FL 32806 FEI Number: 59-1958546 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: ASHER, STEVEN D 1801 CÓOK AVE ORLANDO, FL 32806 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BARBARELLA, VINCE Name: BARBABELLA, VINCE Name: 6002 AMBERLY AVE. Address: 6002 AMBERLY AVE. Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822 Title: Title: () Delete () Change () Addition AISH, DENISE Name: Name: Address: 1824 AMBERLY AVE Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition STOOPS, ROBIN Name: Name: Address: 6066 AMBERLY AVE Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: STD (X) Delete Title: () Change () Addition Name: MORGAN, KAREN Name: Address: 1816 AMBERLY LANE Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition APONTE, DIANA Name: Name: 6012 AMBERLY CRT Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: () Change () Addition ALICEA, HENRY Name: Name: Address: 6008 ABBERLY CRT Address: ORLANDO, FL 32822 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: VINCE BARBABELLA PD 02/02/2009