

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748070

FILED  
Mar 02, 2009  
Secretary of State

**Entity Name:** VIVA VILLAS CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

WINTER HAVEN DR.  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6008  
HUDSON, FL 346746008 US

**New Mailing Address:**

**FEI Number:** 59-2395636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, CAROL B.  
8630 WINTER HAVEN DRIVE  
HUDSON, FL 34667 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: S (X) Delete  
Name: DOMAIN, JUDITH  
Address: 15933 ADUDE DR  
City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete  
Name: SMITH, CAROL  
Address: 8630 WINTER HAVEN DR  
City-St-Zip: HUDSON, FL

Title: D (X) Delete  
Name: LINES, DAN  
Address: 16136 FROST DR  
City-St-Zip: HUDSON, FL 34667

Title: P ( ) Delete  
Name: BORCHERDINE, FRANK  
Address: 8701 SUMMER DR  
City-St-Zip: HUDSON, FL 34667

Title: V ( ) Delete  
Name: ROLFERS, LARENE  
Address: 8612 WINTER HAVEN DR  
City-St-Zip: HUDSON, FL 34667

**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: P (X) Change ( ) Addition  
Name: BORCHERDING, FRANK  
Address: 8701 SUMMER DR  
City-St-Zip: HUDSON, FL 34667

Title: V (X) Change ( ) Addition  
Name: ROLFERS, LARENE  
Address: 8612 WINTER HAVEN DR  
City-St-Zip: HUDSON, FL 34667

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: CAROL SMITH

S

03/02/2009

Electronic Signature of Signing Officer or Director

Date