2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# 748722

Entity Name: VILLA GARDENS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 19582
SARASOTA, FL 34276

New Principal Place of Business:

5703 WEST WIND LANE
SARASOTA, FL 34231

Current Mailing Address:

POST OFFICE BOX 19582
SARASOTA, FL 34276

New Mailing Address:

5703 WEST WIND LANE
SARASOTA, FL 34231

FEI Number: 59-2089018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SYLVAIN, BARBARA
5703 WESTWIND LANE
SARASOTA, FL 34231 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: SD ( ) Delete
Name: RECKER, LINDA
Address: 5685 WEST WIND LN
City-St-Zip: SARASOTA, FL 34231

Title: VPD ( ) Delete
Name: YEARSLEY, DEE
Address: 5649 WESTWIND LANE
City-St-Zip: SARASOTA, FL 34231

Title: VPD ( ) Delete
Name: DUFFY, THERESA
Address: 5641 WESTWIND LN
City-St-Zip: SARASOTA, FL 34231

Title: PD ( ) Delete
Name: SYLVAIN, BARBARA
Address: 5703 WESTWIND LANE
City-St-Zip: SARASOTA, FL 34231

Title: TD ( ) Delete
Name: MARKO, THOMAS C
Address: 5715 WESTWIND LN
City-St-Zip: SARASOTA, FL 34231

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
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: BARBARA SYLVAIN PD 02/05/2009

Electronic Signature of Signing Officer or Director — Date