2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751616

Apr 30, 2007 Secretary of State

Entity Name: VILLA VIENDA CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 117 E. MARKS STREET ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 117 E. MARKS STREET ORLANDO, FL 32803 US FEI Number: 59-2039225 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: JONES, DAVID A 117 E. MARKS STREET ORLANDO, FL 32803 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 (X) Change () Addition LANE, KATHY JACOBS, SUE Name: Name: 7587 WILSON BLVD Address: 400 MINNEHAHA RD Address: MAITLAND, FL 32751 City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: EVANS, JANE Name: JACOBS, GENE Address: 221 HOLT AVE., APT. 4 Address: 400 MINNEHAHA RD City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: MAITLAND, FL 32751 Title: () Delete Title: () Change () Addition KEEGAN, WILLIAM Name: Name: 1631 LAKE KNOWLES CIRCLE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: ΑT () Delete Title: () Change () Addition Name: JONES, DAVID A Name: 117 E. MARKS STREET Address: Address: City-St-Zip: ORLANDO, FL 32803 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: DAVID A JONES ΑT 04/30/2007