2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 28, 2007
Secretary of State

DOCUMENT# 751616

Entity Name: VILLA VIENDA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

117 E. MARKS STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

117 E. MARKS STREET
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2039225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, DAVID A
117 E. MARKS STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

AM&E SERVICES LLC
605 E. ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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: LEHN E. ABRAMS, VP 08/28/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: JACOBS, SUE
Address: 400 MINNEHAHA RD
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete
Name: JACOBS, GENE
Address: 400 MINNEHAHA RD
City-St-Zip: MAITLAND, FL 32751

Title: PD ( ) Delete
Name: KEEGAN, WILLIAM
Address: 1631 LAKE KNOWLES CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: AT ( ) Delete
Name: JONES, DAVID A
Address: 117 E. MARKS STREET
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: JACOBS, GENE
Address: 400 MINNEHAHA RD
City-St-Zip: MAITLAND, FL 32751

Title: DVP (X) Change ( ) Addition
Name: JACOBS, SUE
Address: 400 MINNEHAHA RD
City-St-Zip: MAITLAND, FL 32751

Title: DS (X) Change ( ) Addition
Name: JACOBS, ANDREA
Address: 400 MINNEHAHA RD
City-St-Zip: MAITLAND, FL 32751

Title: DT (X) Change ( ) Addition
Name: JACOBS, ASHLEY
Address: 400 MINNEHAHA RD
City-St-Zip: MAITLAND, FL 32801

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: SUE JACOBS VP 08/28/2007
Electronic Signature of Signing Officer or Director Date