

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752802

FILED
Mar 05, 2009
Secretary of State

Entity Name: VACATION VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

3795 VACATION VILLAS LANE
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

3795 VACATION VILLAS LANE
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 59-2733908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, JO
3795 VACATION VILLAS LANE
TITUSVILLE, FL 32780 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: PD () Delete
Name: SCOTT, WILLIAM JOSEPH
Address: 3795 VACATION VILLAS LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: SD () Delete
Name: GRZYWA, RICH
Address: 820 AUBURN LANE
City-St-Zip: PAPILLION, NE 68046

Title: VD () Delete
Name: MILLER, T C
Address: 5416 N. 134TH AVE.
City-St-Zip: OMAHA, NE 68164

Title: TD () Delete
Name: COX, DAVID
Address: P.O. BOX 2958
City-St-Zip: GAINESVILLE, FL 32602

Title: D () Delete
Name: AGAPIE, JON R JR.
Address: 19078 STATE RD. 1
City-St-Zip: LAWRENCEBURG, IN

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: WILLIAM JOSEPH SCOTT

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date