2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 752961

Entity Name: THE VILLAS OF ORLANDO, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LOMGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2026280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W SR 434 STE. 5000
LONGWOOD, FL 32779 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:	MILEWSKI, AILEEN	
Address:	525 S. CONWAY RD. #139	
City-St-Zip:	ORLANDO, FL 32807	
Title:	VPD	( ) Delete
Name:	SZABO, ALBERT	
Address:	525 S CONWAY RD #221	
City-St-Zip:	ORLANDO, FL 32803	
Title:	SD	( ) Delete
Name:	SKELLEY, THOMAS	
Address:	525 S. CONWAY RD. #230	
City-St-Zip:	ORLANDO, FL 32807	
Title:	TD	( ) Delete
Name:	IVY, SCOTT J	
Address:	525 S. CONWAY RD. #203	
City-St-Zip:	ORLANDO, FL 32807	
Title:	D	( ) Delete
Name:	BENNETT, TINA	
Address:	525 S. CONWAY RD. #30	
City-St-Zip:	ORLANDO, FL 32807	
Title:	D	( ) Delete
Name:	ARBONA, MERCEDES	
Address:	525 S CONWAY RD #105	
City-St-Zip:	ORLANDO, FL 32807	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	BURK, CLAUDIA	
Address:	525 S CONWAY RD #34	
City-St-Zip:	ORLANDO, FL 32807	
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: AILEEN MILEWSKI PD 04/06/2009

Electronic Signature of Signing Officer or Director — Date