

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759914

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** VILLAS TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

1243 SIEBERT DR  
FT. WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 850  
PINSON, AL 35126 US

**New Mailing Address:**

PO BOX 593  
VINCENT, AL 35178 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, RON  
1243 SIEBERT DR., #1  
FORT WALTON BEACH, FL 32549 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: LAND, FRANK  
Address: 1243 SIEBERT DR., #4  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: DVP ( ) Delete  
Name: DAVIS, RON  
Address: 1243 SIEBERT DR., #1  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: ST ( ) Delete  
Name: CHRISTOPHER, DEBRA  
Address: 135 RIVERCREST LN.  
City-St-Zip: VINCENT, AL 35178

**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:

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: DEBRA CHRISTOPHER

ST

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date