

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 06, 2008
Secretary of State

DOCUMENT# 760631

Entity Name: CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**218 E BEARSS AVE
241
TAMPA, FL 336131625 US**New Principal Place of Business:**104 E FOWLERS ST
190
TAMPA, FL 33612 US**Current Mailing Address:**218 E BEARSS AVE
PMB 241
TAMPA, FL 336131625 US**New Mailing Address:**PO BOX 10217
TAMPA, FL 33679 US**FEI Number:** 59-2868182**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONDOMINIUM ALLIANCE MGMT CORP
218 E BEARSS AVE
241
TAMPA, FL 33613 US**Name and Address of New Registered Agent:**STEVE, MEZER
1801 N HIGHLAND AVE
TAMPA, FL 33602 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: STEVE MEZER

08/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DULL, AGNESE
Address: 23221 CLUB VELLAS DR
City-St-Zip: LAND O LAKES, FL 34639

Title: P () Delete
Name: FRANZEN, MARIANNE
Address: 23331 CLUB VELLAS DR
City-St-Zip: LAND O LAKES, FL 34639

Title: S () Delete
Name: DABNEY, LORRAINE
Address: 23235 CLUB VILLAS DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: T () Delete
Name: HIXON, JOY
Address: 23233 CLUB VILLAS DR.
City-St-Zip: LAND O LAKES, FL 34639

Title: P () Delete
Name: ZIMMER, BONNIE
Address: 23313 CLUB VILLAS DR.
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: DULL, AGNESE
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

Title: P (X) Change () Addition
Name: FRANZEN, MARIANNE
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

Title: S (X) Change () Addition
Name: DABNEY, LORRAINE
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

Title: T (X) Change () Addition
Name: HIXON, JOY
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

Title: P (X) Change () Addition
Name: ZIMMER, BONNIE
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

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: BONNIE ZIMMER

P

08/06/2008

Electronic Signature of Signing Officer or Director

Date