

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760631

FILED
Feb 12, 2009
Secretary of State

Entity Name: CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

104 E FOWLERS ST
190
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10217
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 59-2868182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVE, MEZER
1801 N HIGHLAND AVE
TAMPA, FL 33602 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: VP () Delete
Name: DULL, AGNESE
Address: PO BOX 10217
City-St-Zip: TAMPA, FL 33679

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GOODCHILD, VERA
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: AGNESE DULL

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date