

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J18206

FILED
Jan 23, 2009
Secretary of State

Entity Name: TUDOR VILLAS REALTY CORP.

Current Principal Place of Business:

3613 DEL PRADO BLVD
CAPE CORAL, FL

New Principal Place of Business:

3613 DEL PRADO BLVD
CAPE CORAL, FL 33904

Current Mailing Address:

3613 DEL PRADO BLVD
CAPE CORAL, FL

New Mailing Address:

3613 DEL PRADO BLVD
CAPE CORAL, FL 33904

FEI Number: 59-2751056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSSON, H. ANDERS
523 SW 53 TERR
CAPE CORAL, FL 33914 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: MANSSON, H. ANDERS,
Address: 523 SW 53 TERR
City-St-Zip: CAPE CORAL, FL

Title: D () Delete
Name: MASON, LARS,
Address: 1504 SW 56TH TERR
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MANSSON, H. ANDERS,
Address: 523 SW 53 TERR
City-St-Zip: CAPE CORAL, FL 33914

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. ANDERS MANSSON

PST

01/23/2009

Electronic Signature of Signing Officer or Director

Date