2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N00000007532

Entity Name: VILLA VISTOSA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

326 SECOND AVENUE S
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1929 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110

New Mailing Address:

FEI Number: 65-1089573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAKELAND, DAVID F
1929 IMPERIAL GOLF COURSE BLVD
NAPLES, FL 34110 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: D ( ) Delete
Name: WHELDON, DAVID
Address: 110 W. KESWICK LANE
City-St-Zip: LAKE FOREST, IL 60045

Title: D ( ) Delete
Name: BIPPEN, LISA
Address: 549 HICKORY LANE
City-St-Zip: ST. LOUIS, MO 63131

Title: D ( ) Delete
Name: BIPPEN, DANIEL
Address: 549 HICKORY LANE
City-St-Zip: ST. LOUIS, MO 63131

Title: D ( ) Delete
Name: WHELDON, DAWN
Address: 110 W. KESWICK LANE
City-St-Zip: LAKE FOREST, IL 60045

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:

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: DAVID WHELDON D 04/28/2009

Electronic Signature of Signing Officer or Director — Date