2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N00346

Entity Name: THE VILLAGER HOMEOWNERS' ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 59-2348091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONGWELL, TINA
4400 BAYOU BLVD
STE 35
PENSACOLA, FL 32503 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:	LEWIS, DANNY N MR.	
Address:	2825 VILLAGER CIR	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	DS	( ) Delete
Name:	OLSEN, LORI	
Address:	2828 VILLAGER CIR	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	DVP	( ) Delete
Name:	GREENE, JAMES JR.	
Address:	6304 LONG STREET	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	T	(X) Delete
Name:	MILSTEAD, NORRIS G	
Address:	65 NORTH 69TH STREET AVE	
City-St-Zip:	PENSACOLA, FL 32506	

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: DANNY LEWIS DP 04/29/2009

Electronic Signature of Signing Officer or Director — Date