2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000209

CURRY, JOHN

9021-201 LAS MADERAS DRIVE

BONITA SPRINGS, FL 34135

Name:

Address:

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Entity Name: VISTA DEL SOL AT LAS BRIAS CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH #215 NAPLES, FL 34104 **New Mailing Address: Current Mailing Address:** C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH #215 NAPLES, FL 34104 FEI Number: 59-3695611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BADLEY, SALLY J BODLEY, SALLY J 9011 LAS MADRAS DR. #101 9011 LAS MADRAS DR. #101 BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 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: SALLY BODLEY 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RAMSTORF, ROBERT Name: Name: Address: 9021-102 LAS MODERAS DRIVE Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: Title: T/S (X) Change () Addition () Delete Name: BODLEY, SALLY Name: BODLEY, SALLY Address: 9011 LAS MADERAS DR #101 Address: 9011 LAS MADERAS DR #101 City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34135 Title: **VPS** () Delete Title: () Change () Addition

Name:

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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: SALLY BODLEY Т 04/15/2009