2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002081

Apr 21, 2009 Secretary of State

Entity Name: THE VILLAS AT POINTE WEST PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1999 POINTE WEST DR VERO BEACH, FL 32966

Current Mailing Address: New Mailing Address:

1999 POINTE WEST DR VERO BEACH, FL 32966

FEI Number: 02-0564964 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:

VISTA PROPERTIES 100 VISTA ROYAL BLVD US VERO BEACH, FL 32962

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: () Delete

CARNESECCHI, RALPH Name: 1445 19TH AVENUE Address: City-St-Zip: VERO BEACH, FL 32966

Title: () Delete KINNEY, JEANINE Name: Address: 7550 15TH LANE E City-St-Zip: VERO BEACH, FL 32966

Title: () Delete STROTHER, JERRY Name: Address: **7656 15TH STREET** City-St-Zip: VERO BEACH, FL 32966

Title: () Delete Name: BOLLING, RODGER Address: 7548 15TH ST.

City-St-Zip: VERO BEACH, FL 32966

Title: () Delete GILL, JAMES Name: 7544 15TH LANE Address:

City-St-Zip: VERO BEACH, FL 32966

(X) Change () Addition KLOUW, LORRAINE Name:

Address: 7578 15TH LANE VERO BEACH, FL 32966 City-St-Zip:

Title: (X) Change () Addition

Name: KENNEY, JEANINE Address: 7550 15TH LANE City-St-Zip: VERO BEACH, FL 32966

Title: (X) Change () Addition

O'BRIEN, JACQUELYN Name: Address: 7557 15TH LANE City-St-Zip: VERO BEACH, FL 32966

Title: (X) Change () Addition

Name: BOLLING, RODGER Address: 7548 15TH LN City-St-Zip: VERO BEACH, FL 32966

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: STEVE SCHNITZER CAM 04/21/2009