2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N01000003056

Entity Name: VDL OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

KEYS-CALDWELL, INC
1162 INDIAN HILLS BLVD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

KEYS-CALDWELL, INC
1162 INDIAN HILLS BLVD
VENICE, FL 34293

New Mailing Address:

FEI Number: 59-3720284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEYS-CALDWELL, INC
1162 INDIAN HILLS BLVD
VENICE, FL 34293 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: TD ( ) Delete
Name: SCHNEIDER, SHARON
Address: 247 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: VD ( ) Delete
Name: MATHEW, NINAN
Address: 225 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: PD ( ) Delete
Name: TOMASO, TONY
Address: 230 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: SD ( ) Delete
Name: AUXIER, DENVER
Address: 245 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete
Name: OHMOTT, CARL
Address: 239 VISTA DE LAGO WAY
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHNEIDER, SHARON
Address: 247 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: VD (X) Change ( ) Addition
Name: TAMANDLI, ROBERT
Address: 232 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: TD (X) Change ( ) Addition
Name: HALUPA, LILLIAN
Address: 214 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: SD (X) Change ( ) Addition
Name: SCHAADT, JOYCE
Address: 218 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

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: SHARON SCHNEIDER PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date