

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01186

FILED
Mar 24, 2008
Secretary of State

Entity Name: VILLAGE DES PINS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7964 TIMBERWOOD CIRCLE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

7964 TIMBERWOOD CIRCLE
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 59-2612052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLANCO, TERESA
7964 TIMBERWOOD CIRCLE
SARASOTA, FL 34238 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: V () Delete
Name: MACLOUGHLIN, FRANK
Address: 82 FIRST AVE
City-St-Zip: MASSAPEQUA PARK, NY 117 US

Title: P () Delete
Name: PELLETIER, ROBERT,
Address: 110 LEROY
City-St-Zip: GATINEAU, CANADA, PQ J8V CA

Title: D () Delete
Name: GODARD, JEAN-MARIE
Address: 1344 ELZEAR
City-St-Zip: GATINEAU, CANADA, PQ J8R 2G4 CA

Title: D () Delete
Name: CREACH, THOMAS
Address: 3765 PINE CONE CT.
City-St-Zip: SARASOTA, FL 34238 US

Title: D () Delete
Name: SAKO, DOLORES
Address: 3617 PINE ST CT
City-St-Zip: SARASOTA, FL 34238 US

Title: T () Delete
Name: LAPOINTE, ROGER MR.
Address: 16 DAMOUR
City-St-Zip: GATINEAU, PQ J9J 1C2 CA

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: S (X) Change () Addition
Name: SAUVAGEAU, LEON-PAUL
Address: 45 RUE BROUAGE
City-St-Zip: GATINEAU, CANADA, PQ J9J 1J5 CA

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: TERESA BLANCO

GM

03/24/2008

Electronic Signature of Signing Officer or Director

Date