2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N02000001336

Entity Name: VILANO OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

205 SECOND STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 767
ST AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 04-3614044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSCO, ANTHONY
205 SECOND STREET
ST AUGUSTINE, FL 32084 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: PRES ( ) Delete
Name: BOSCO, ANTHONY PRES
Address: 205 SECOND STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP ( ) Delete
Name: RIVERA, HAYDEE VP
Address: 4321 PALMETTO STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: SEC ( ) Delete
Name: ARBUTHNOT, JANET SEC
Address: 312 FIRST STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: TRES ( ) Delete
Name: COXE, WALTER TRES
Address: 308 FIRST STREET
City-St-Zip: ST AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HENN, WILLIAM VP
Address: 4310 PALMETTO STREET
City-St-Zip: ST AUGUSTINE, FL 32084

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: WALTER COXE TRES 03/20/2009
Electronic Signature of Signing Officer or Director — Date