

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008940

FILED  
Mar 01, 2009  
Secretary of State

Entity Name: VILLA DEL SOL AT MEADOW WOODS CONDOMINIUM ASSOCIATION INC., NO. 5

**Current Principal Place of Business:**

C/O PROPER-T-MANAGEMENT INC.  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PROPER-T-MANAGEMENT INC.  
P.O. BOX 772018  
ORLANDO, FL 32877 US

**New Mailing Address:**

FEI Number: 65-1166299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROPER-T-MANAGEMENT INC  
2909 GRAFTON DRIVE  
KISSIMMEE, FL 34741 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: DP ( ) Delete  
Name: LOPEZ, ANTONIO  
Address: 2138 DARLIN CIRCLE  
City-St-Zip: ORLANDO, FL 32820

Title: DV ( ) Delete  
Name: GUMTIE, MATT  
Address: 2833 ATHERTON DRIVE  
City-St-Zip: ORLANDO, FL 32824

Title: DST ( ) Delete  
Name: RODRIGUEZ, CARLOS  
Address: 5611 TOMOKA AVE. - PO BOX 220  
City-St-Zip: INTERCESSION CITY, FL 33848

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV (X) Change ( ) Addition  
Name: RODRIQUEZ, FRANCISCO  
Address: 14004 ABACO ISLE DRIVE  
City-St-Zip: ORLANDO, FL 32824

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: ANTONIO LOPEZ

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03/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date