2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009538

FILED Apr 24, 2009 Secretary of State

Entity Name: VERSAILLES II PROPERTY OWNERS' ASSOCIATION, INC.

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

409 E COLLEGE AVE RUSKIN, FL 33570

Current Mailing Address: New Mailing Address:

POB 1058 RUSKIN, FL 33575

FEI Number: 82-0584370 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:

WILSON, LOU ELLEN 409 E COLLEGE AVE RUSKIN, FL 33570 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name:WEHRLE, LOUIS JRName:PLESA, CLARICE JRAddress:1142 EMERALD DUNES DRIVEAddress:1108 EMERALD DUNESCity-St-Zip:SUN CITY CENTER, FL 33573City-St-Zip:SUN CITY CENTER, FL 33573

Title: DT () Delete Title: D (X) Change () Addition Name: BEATTIE, RICK D (X) Change () Addition Name: BEATTIE, RICK

Address: 1148 EMRALD DUNES Address: 1148 EMRALD DUNES
City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573

Title: DVP () Delete Title: DS (X) Change () Addition Name: TENNEY, MOLLY Name: STAUFFER, CONRAD

Address: 1109 EMERALD DUNES ROAD Address: 1130 EMERALD DUNES ROAD City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573

Title: DS () Delete Title: DVP (X) Change () Addition

Name: LUTZ, CHARLES Name: LUTZ, CHARLES

Address: 1131 EMERALD DUNES ROAD Address: 1131 EMERALD DUNES ROAD City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete Title: () Change () Addition

 Name:
 NELMS, LARRY
 Name:

 Address:
 1112 EMERALD DUNES DR
 Address:

 City-St-Zip:
 SUN CITY CENTER, FL 33573
 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: CLARICE PLESA P 04/24/2009