2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007869

FILED Apr 24, 2009 Secretary of State

Entity Name: GRANDE VILLAS AT WORLD GOLF VILLAGE CONDOMINIUM ASSOCIATION, INC.

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

4960 CONFERENCE WAY NORTH SUITE 100 100 FRONT NINE DRIVE BOCA RATON, FL 33431 ST. AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

4960 CONFERENCE WAY NORTH SUITE 100 BOCA RATON, FL 33431

FEI Number: 43-2033985 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:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

- Flateria Circulus (Basistand Assat

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

PD () Delete Title: P/D (X) Change () Addition

Name: KNOFLA, JOEL Name: HAROLD, DAVID

Address: 4960 CONFERENCE WAY N STE 100 Address: 4960 CONFERENCE WAY N STE 100

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431

Title: STD () Delete Title: VP/D (X) Change () Addition

Name: BASYE, LEON Name: DEVINE, ELLEN

Address: 4960 CONFERENCE WAY NORTH SUITE 100 Address: 4960 CONFERENCE WAY NORTH SUITE 100

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431

 $\label{eq:title:title:title:title:ST/D} \textit{Title:} \textit{ST/D} \textit{(X) Change () Addition}$

Name: LALIBERTE, RAYMOND Name: COBB, CHARLIE

Address: 4960 CONFERENCE WAY NORTH SUITE 100 Address: 4960 CONFERENCE WAY NORTH SUITE 100

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431

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: ELLEN DEVINE VP/D 04/24/2009