

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001633

FILED
Feb 04, 2009
Secretary of State

Entity Name: LAS VILLAS DE ORLEANS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

308 S ORLEANS AVE
#3
TAMPA, FL 33606 US

Current Mailing Address:

308 S ORLEANS AVE
#3
TAMPA, FL 33606 US

New Principal Place of Business:

308 S ORLEANS AVE
#4
TAMPA, FL 33606 US

New Mailing Address:

308 S ORLEANS AVE
#4
TAMPA, FL 33606 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEDSON, NORMAN
308 S ORLEANS AVE
UNIT 3
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

BLEDSON, NORMAN S ESQ
527 EAST UNIVERSITY AVENUE
GAINESVILLE, FL 32602 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: NORMAN S. BLEDSON, JR., ESQ.

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BLEDSON, NORMAN
Address: 308 S ORLEANS AVE #3
City-St-Zip: TAMPA, FL 33606

Title: VP () Delete
Name: BUCKLEY, DEANA
Address: 308 S ORLEANS AVE #1
City-St-Zip: TAMPA, FL 33606

Title: S () Delete
Name: GILLIAM, MATTHEW
Address: 308 S ORLEANS AVE #2
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLEDSON, NORMAN S ESQ
Address: 527 EAST UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32602

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

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

Title: T () Change (X) Addition
Name: HATCHER, MICHAEL
Address: 308 S ORLEANS AVE #4
City-St-Zip: TAMPA, FL 33606

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: NORMAN S. BLEDSON, JR., ESQ.

P

02/04/2009

Electronic Signature of Signing Officer or Director

Date