2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N04000002030

Entity Name: VILLAS DEL CAMPO COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

THE CONTINENTAL GROUP, INC.
11981 SW 144TH COURT, SUITE 201
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

C/O THE CONTINENTAL GROUP
11981 SW 144 COURT SUITE 201
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-0796816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALBAREDA & ASSOCIATES, P.A.
330 SW 27TH AVE #202
MIAMI, FL 33135 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: PD ( ) Delete
Name: BOUCHEREAV, JEAN
Address: 11981 SW 144 COURT SUITE 201
City-St-Zip: MIAMI, FL 33186

Title: VPD ( ) Delete
Name: CASRILLO, DENISE
Address: 11981 SW 144 COURT SUITE 201
City-St-Zip: MIAMI, FL 33186

Title: TD ( ) Delete
Name: DIAZ, GUNTER
Address: 11981 SW 144 COURT SUITE 201
City-St-Zip: MIAMI, FL 33186

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOUCHEREAUJ, JEAN
Address: 11981 SW 144 COURT SUITE 201
City-St-Zip: MIAMI, FL 33186

Title: DVP (X) Change ( ) Addition
Name: LYON, KATHRYN
Address: 24550 SW 109 PL
City-St-Zip: HOMESTEAD, FL 33032

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

Title: DS ( ) Change (X) Addition
Name: JONES, MICHELE M
Address: 24767 SW 109 AVE
City-St-Zip: HOMESTEAD, FL 33032

Title: D ( ) Change (X) Addition
Name: MURPHREE, ROBERT
Address: 10838 SW 246 STREET
City-St-Zip: HOMESTEAD, FL 33032

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: JEAN BOUCHEREAUJ PD 03/06/2009

Electronic Signature of Signing Officer or Director — Date