2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006690

FILED Apr 17, 2009 Secretary of State

Entity Name: VILLAS OF FRANGISTA OWNERS' ASSOCIATION, INC.

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

CRYSTAL DUNES CONDOMINIUMS 2900 SCENIC HWY 98 DESTIN, FL 32541 US

Current Mailing Address: New Mailing Address:

CRYSTAL DUNES CONDOMINIUMS 2900 SCENIC HWY 98 DESTIN, FL 32541 US

FEI Number: 20-5678067 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:

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 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:

Fitle: D () Delete Title: PD (X) Change () Addition

Name: PITTS, WILLIAM Name: PITTS, WILLIAM Address: 104 STREAM VALLEY RD Address: 104 STREAM VALLEY RD

Address: 104 STREAM VALLEY RD Address: 104 STREAM VALLEY RD City-St-Zip: FRANKLIN, TN 37064 US City-St-Zip: FRANKLIN, TN 37064 US

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

 Name:
 FOSHEE, MALONE
 Name:

 Address:
 104 STREAM VALLEY RD
 Address:

 City-St-Zip:
 FRANKLIN, TN 37064 US
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: PAULUS, DANIEL C Name: BOWMAN, VICTOR S

Address: 4400 HARDING PIKE, SUITE 101 Address: P.O. BOX 4877

City-St-Zip: NASHVILLE, TN 372052218 US City-St-Zip: SEASIDE, FL 324594877 US

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

 Name:
 BOWMAN, VICTOR S
 Name:

 Address:
 P O BOX 4877
 Address:

 City-St-Zip:
 SEASIDE, FL 324594877
 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: WILLUIAM PITTS PD 04/17/2009