2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008877

MULLEE, KELLY

9745 TOUCHTON RD #421

JACKSONVILLE, FL 32246

9745 TOUCHTON RD #629

JACKSONVILLE, FL 32246

9745 TOUCHTON RD #1830

JACKSONVILLE, FL 32246

LOFBERG, DEBORAH

CORT. BRITTANY

(X) Delete

(X) Delete

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: IL VILLAGIO COMMUNITY ASSOCIATION, INC.

Current P	rincipal Pla	ce of Business:	New Prin	New Principal Place of Business:			
8009 S ORANGE AVE ORLANDO, FL 32809			SUITE 30	5955 T.G. LEE BLVD. SUITE 300 ORLANDO, FL 32822			
Current Mailing Address:			New Mai	New Mailing Address:			
5955 T.G. LEE BLVD, SUITE 300 ORLANDO, FL 328224457			SUITE 30	5955 T.G. LEE BLVD. SUITE 300 ORLANDO, FL 32822			
FEI Number	: 20-1806403	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Des	ired ()	
Name and	l Address o	Current Registered Agent:	Name an	d Address of	New Registered Agent	t:	
8009 S OF	MANAGEME RANGE AVE D, FL 32809	NT US	5955 T.G SUITE 30	LELAND MANAGEMENT 5955 T.G. LEE BLVD SUITE 300 ORLANDO, FL 32822 US			
	named entit e of Florida.	y submits this statement for the	purpose of changing	its registered	l office or registered ager	nt, or both,	
SIGNATURE:				04/30/2008			
	Electr	onic Signature of Registered Ac	ent		Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MULLEE, DA 9745 TOUCH JACKSONVI D GINSBURG, 9116 SUPEF JACKSONVI D SCHUPP, RG 9745 TOUCH	RLAND DRIVE LLE, FL 32256 () Delete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GINSBURG, 9116 SUGEF JACKSONVII D CORT, BRIT 9745 TOUCH JACKSONVII D PASSKIEWIG 9745 TOUCH	RLAND DR LLE, FL 32256 (X) Change()Addition		
Title:	D	(X) Delete	Title:		() Change () Addition		

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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: LINDA GINSBURG Ρ 04/30/2008

() Change () Addition

() Change () Addition