2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N04000008879

Entity Name: IL VILLAGIO NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-1862185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELAND, STEPHEN C
4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250 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: P ( ) Delete
Name: MCCANNON0DEGARIS, MICHELLE
Address: 9745 TOUCHTON ROAD #803
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP ( ) Delete
Name: SCHWARTZ, MICHAEL
Address: 9745 TOUCHTON RD #2327
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete
Name: SHLAFER, RICHARD
Address: 9745 TOUCHTON RD #3227
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete
Name: WATTS, GREGORY
Address: 9745 TOUCHTON ROAD #3005
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: ANTICKNAPP, STEVEN
Address: 9745 TOUCHTON ROAD, #1304
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ( ) Change ( ) Addition
Name:
Address:
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: MICHELLE MCCANNON-DEGARIS P 04/28/2009

Electronic Signature of Signing Officer or Director — Date