2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009111

Entity Name: RAPALLO VILLAS TWO ASSOCIATION, INC.

Apr 27, 2009 Secretary of State

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

8551 VIA RAPALLO ESTERO, FL 33928

Current Mailing Address: New Mailing Address:

8551 VIA RAPALLO ESTERO, FL 33928

FEI Number: 20-2180517 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:

SHIELDS, CHRISTOPHER J 1833 HENDRY STREET US FORT MYERS, FL 33901

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MONDAY, JOHN MONDAY, JOHN Name: Name:

22201 VIA PALAZZO PL #101 Address: 8551 VIA RAPALLO DR. Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

Title: () Delete Title: (X) Change () Addition EICHELMAN, ROBERT Name: EICHELMAN, ROBERT Name:

Address: 22217 VIA PALAZZO PL #104 Address: 8551 VIA RAPALLO DR. City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

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

TUCKERMAN, TOM TUCKERMAN, TOM Name: Name: 22214 VIA PALAZZO PL #101 8551 VIA RAPALLO DR. Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

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

Name: CRONIN, DONNA Name: DALY, JO ANNE 22312 PUNTA DEL CAPO CT #103 8551 VIA RAPALLO DR. Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928

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

SLATER, SHERRY CAM SLATER, SHERRY CAM Name: Name: 26930 NICKI J CT. 8551 VIA RAPALLO DR. Address: Address: ESTERO, FL 33928 City-St-Zip: BONITA SPRINGS, FL 34135 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: SHERRY A. SLATER, CAM **GM** 04/27/2009