

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 23, 2009
Secretary of State**

DOCUMENT# N04000009402

Entity Name: VILLA FRANCINE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**701 W CYPRESS CREEK RD STE 301
FT LAUDERDALE, FL 33309**New Principal Place of Business:**1200 CLINT MOORE ROAD
8
BOCA RATON, FL 33487**Current Mailing Address:**701 W CYPRESS CREEK RD STE 301
FT LAUDERDALE, FL 33309**New Mailing Address:**1200 CLINT MOORE ROAD
8
BOCA RATON, FL 33487

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:KODSI, ISAAC ESQ.
701 W CYPRESS CREEK RD STE 303
FT LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**HRT REALTY SERVICES LLC
1200 CLINT MOORE ROAD
8
BOCA RATON, FL 33487 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: HRT REALTY

09/23/2009

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**Title: DV () Delete
Name: KODSI, JOSEPH
Address: 1499 W PALMETTO PK RD STE 200
City-St-Zip: BACON RATON, FL 33486Title: DP () Delete
Name: KODSI, ISSAC
Address: 701 W CYPRESS CREEK RD STE 301
City-St-Zip: FT LAUDERDALE, FL 33309Title: DST () Delete
Name: CONSOVOY, BARRY
Address: 1200 CLINT MOORE ROAD # 8
City-St-Zip: BOCA RATON, FL 33487**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:

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: BARRY CONSOVOY

VPD

09/23/2009

Electronic Signature of Signing Officer or Director

Date