

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000735

FILED
Feb 19, 2009
Secretary of State

Entity Name: ST. CLOUD VILLAS PHASE II, INC.

Current Principal Place of Business:

4300 FORGET ME NOT COURT
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

700 GENERATION POINT
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 55-0901127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMBIE, FRED H JR.
100 CHURCH STREET
KISSIMMEE, FL 34741 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: PD () Delete
Name: SCARBOROUGH, PATRICIA
Address: 1561 HEATHER WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD () Delete
Name: DAVITT, MARIANNE
Address: 700 W OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: CARRASQUILLO, CARMEN
Address: 498 FLORAL DR
City-St-Zip: KISSIMMEE, FL 34743

Title: SD () Delete
Name: COLON, GERMAN
Address: 259 E. CEDARWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: TD () Delete
Name: KOSHICK, NEIL
Address: 3421 DOUGLAS COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: BROWN, CARMENCITA
Address: 879 ASPENWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DAVITT, MARIANNE
Address: 700 W OAK STREET
City-St-Zip: KISSIMMEE, FL 34741

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

Title: SD (X) Change () Addition
Name: BROWN, CARMENCITA
Address: 879 ASPENWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: TD (X) Change () Addition
Name: HEALY, BOB JR.
Address: 2661 BOGGY CREEK RD
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD (X) Change () Addition
Name: CHAMBERS, PATTY
Address: 3 COURTHOUSE SQUARE
City-St-Zip: KISSIMMEE, FL 34741

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: CONNIE L BENCA

CFO

02/19/2009

Electronic Signature of Signing Officer or Director

Date