

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003334

FILED
Mar 13, 2009
Secretary of State

Entity Name: VILLA SAN MARCO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 VILLA CLUB DRIVE
ST. AUGUSTINE, FL 32806

New Principal Place of Business:

5455 A1A S
ST. AUGUSTINE, FL 32080

Current Mailing Address:

5455 A1A S
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-3057754 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARKS, ANNA M
MAY MANAGEMENT SRVS INC
5455 A1A S
SAINT AUGUSTINE, FL 32080 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: ROSEVEAR, JAMES
Address: 440 S VILLA SAN MARCO 306
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: HERVETT, RAFE
Address: 485 SO VILLA SAN CARCO DR. #301
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: S () Delete
Name: BRIGGS, LOIS
Address: 440 S VILLA SAN MARCO 202
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROSEVEAR, JAMES
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: HEWETT, RAFE
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S (X) Change () Addition
Name: BRIGGS, LOIS
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T () Change (X) Addition
Name: MYRICK, TOM
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP () Change (X) Addition
Name: HUFF, DAN
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

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: TOM MYRICK

T

03/13/2009

Electronic Signature of Signing Officer or Director

Date