2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007379

FILED Apr 27, 2009 Secretary of State

Entity Name: VILLANOVA AT HUNTER'S CREEK CONDOMINIUM ASSOCIATION, INC.

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

12001 VILLANOVA DRIVE ORLANDO, FL 32837

Current Mailing Address: New Mailing Address:

5955 T.G. LEE BLVD. 6972 LAKE GLORIA BLVD 300 ORLANDO, FL 328093200 US ORLANDO, FL 32822

FEI Number: 11-3756276 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:

FURLOW, REBECCA
5955 T.G. LEE BLVD.
300
ORLANDO, FL 32822 US

LELAND MANAGEMENT
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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: REBECCA FURLOW 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 MCKENZIE, MARION
 Name:

 Address:
 5004 KEATON CREST DR.
 Address:

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 CULLIGAN, JAMES
 Name:

 Address:
 12208 WILD IRIS WAY #106
 Address:

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition Name: JOHNSTON, O. RONALD Name: JOHNSTON, O. RONALD

Address: 12307 LANTANA PARK LANE #101 Address: 14161 LORD BARCLAY DRIVE

City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837

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: MARION MCKENZIE PD 04/27/2009