

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011628

FILED
Jan 14, 2009
Secretary of State

Entity Name: THE VILLAGE LOFTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5200 SW 91 TERRACE
GAINESVILLE, FL 32608

New Principal Place of Business:

5200 SW 91 TERRACE
SUITE 101
GAINESVILLE, FL 32608

Current Mailing Address:

5200 SW 91 TERRACE
GAINESVILLE, FL 32608

New Mailing Address:

5200 SW 91 TERRACE
SUITE 101
GAINESVILLE, FL 32608

FEI Number: 20-3805136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SECHREST, MICHAEL D
5200 SW 91 TERR STE 101
GAINESVILLE, FL 32608 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: SECHREST, MICHAEL D
Address: 5200 SW 91 TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD () Delete
Name: BUTTS, ROBERT P
Address: 5200 SW 91 TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: WARNER, D. MARC
Address: 5200 SW 91 TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: TD () Delete
Name: FISHER, MARK S
Address: 5200 SW 91 TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SECHREST, MICHAEL D
Address: 5200 SW 91 TERRACE, SUITE 101
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD (X) Change () Addition
Name: BUTTS, ROBERT P
Address: 5200 SW 91 TERRACE, SUITE 101
City-St-Zip: GAINESVILLE, FL 32608

Title: SD (X) Change () Addition
Name: WARNER, D. MARC
Address: 5200 SW 91 TERRACE, SUITE 101
City-St-Zip: GAINESVILLE, FL 32608

Title: TD (X) Change () Addition
Name: FISHER, MARK S
Address: 5200 SW 91 TERRACE, SUITE 101
City-St-Zip: GAINESVILLE, FL 32608

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: MICHAEL D. SECHREST

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date