2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000001285

TI FILED
Sep 14, 2011
Secretary of State

New Principal Place of Business:

Entity Name: VILLA MEDICI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8539 GATE PARKWAY WEST JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

3020 HARTLEY RD. 8539 GATE PARKWAY WEST SUITE 310 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32257

FEI Number: 20-5896658 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:

PATRIOT RESIDENTIAL MANAGEMENT SERVICE LLC 3020 HARTLEY ROAD SUITE 310 JACKSONVILLE, FL 32257 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PRES

Name: CRAVEN, GUNILLA

Address: 8539 GATE PARKWAY WEST City-St-Zip: JACKSONVILLE, FL 32216

Title: VP

Name: REYES, RUTH

Address: 8539 GATE PARKWAY WEST City-St-Zip: JACKSONVILLE, FL 32216

Title: TREA

Name: FERRER, TRIPP

Address: 8539 GATE PARKWAY WEST City-St-Zip: JACKSONVILLE, FL 32216 US

Title: SECR

Name: CLIFTON, CHRISTOPHER
Address: 8539 GATE PARKWAY WEST
City-St-Zip: JACKSONVILLE, FL 32216

Title: DIRE

Name: MCJOYNT, TERRE

Address: 8539 GATE PARKWAY WEST City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: PRISCILLA CRUZ-NICHIPOR MGR 09/14/2011