2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2012
Secretary of State

DOCUMENT# N06000001285

Entity Name: VILLA MEDICI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8539 GATE PARKWAY WEST
JACKSONVILLE, FL 32216

New Principal Place of Business:

8539 GATE PARKWAY NORTH
JACKSONVILLE, FL 32216

Current Mailing Address:

8539 GATE PARKWAY WEST
JACKSONVILLE, FL 32216

New Mailing Address:

8539 GATE PARKWAY NORTH
JACKSONVILLE, FL 32216

FEI Number: 20-5896658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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
Name: CRAVEN, GUNILLA
Address: 8539 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPS
Name: REYES, RUTH
Address: 8539 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: T
Name: DRISKELL, LYNDA
Address: 8539 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32216 US

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: RUTH REYES VPS 04/28/2012

Electronic Signature of Signing Officer or Director — Date