

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004644

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** VILLAS AT SANTA ROSA SOUND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

996 CORONADO CT.  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

996 CORONADO CT.  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALL, BRADEN K JR.  
226 S. PALAFOX PLACE  
SEVILLE TOWER, NINTH FLOOR  
PENSACOLA, FL 32502 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: GRUSZCZYNSKI, LEONARD  
Address: 996 CORONADO CT.  
City-St-Zip: GULF BREEZE, FL 32563

Title: VSD ( ) Delete  
Name: GRUSZCZYNSKI, AMY  
Address: 996 CORONADO COURT  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: GRUSZCZYNSKI, RAYMOND  
Address: 6100 LAURENT DR. APT #610  
City-St-Zip: PARMA, OH 44134

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LEONARD S. GRUSZCZYNSKI

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date