

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007283

FILED
Apr 21, 2009
Secretary of State

Entity Name: BRUNELLO AT VENETIAN GOLF & RIVER CLUB PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O UNITED COMMUNITY MANAGEMENT CORP.
11784 WEST SAMPLE RD.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

C/O UNITED COMMUNITY MANAGEMENT CORP.
11784 WEST SAMPLE RD.
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-5208795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
2020 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
#300
BONITA SPRINGS, FL 34134 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: VIVIEN N HASTINGS

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EGLY, DOUG
Address: 4700 TIDEWATER PRESSURE BLVD
City-St-Zip: BRADENTON, FL 34208

Title: DVP () Delete
Name: AMAN, ROGER
Address: 2020 CLUBHOUSE DRIVE
City-St-Zip: SUN CITY CENTER, FL 33573

Title: STD () Delete
Name: YELTON, TOM
Address: 184 PESARD DR
City-St-Zip: NORTH VENICE, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KING, ROB
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD (X) Change () Addition
Name: STEVENT, BOB
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TDSD (X) Change () Addition
Name: ANTONIADIS, DONNA
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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: MARY LOU PALMER

AGT

04/21/2009

Electronic Signature of Signing Officer or Director

Date