2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N06000008965

Entity Name: VILLA GRANDEZZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4400 W SAMPLE RD STE 200
COCONUT, FL 330733450

New Principal Place of Business:

Current Mailing Address:

4400 W SAMPLE RD STE 200
COCONUT, FL 330733450

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POSON, HARRY
4400 W SAMPLE ROAD, STE 200
COCONUT CREEK, FL 330733450 US

Name and Address of New Registered Agent:

BEER, TR
4400 W SAMPLE ROAD, STE 200
COCONUT CREEK, FL 330733450 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: TR BEER 02/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BEER, T.R.
Address: 4400 W SAMPLE RD STE 200
City-St-Zip: COCONUT, FL 330733450

Title: DST ( ) Delete
Name: RODGERS, FRANK
Address: 4400 W SAMPLE RD STE 200
City-St-Zip: COCONUT, FL 330733450

Title: DV ( ) Delete
Name: LONG, THOMAS
Address: 4400 W SAMPLE RD STE 200
City-St-Zip: COCONUT, FL 330733450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BEER, T.R.
Address: 4400 W SAMPLE RD STE 200
City-St-Zip: COCONUT, FL 330733450

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: THOMAS C LONG DV 02/25/2009
Electronic Signature of Signing Officer or Director Date