

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001915

FILED
Apr 10, 2009
Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF VILLA LARGO, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 20-8501878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: VPD () Delete
Name: SZADA, GILDA
Address: 8609 VILLA LARGO DRIVE
City-St-Zip: TAMPA, FL 33614

Title: PD () Delete
Name: KIRALY, BRIAN
Address: 8618 VILLA LARGO DRIVE
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: KULCZY, PATTY
Address: 8621 VILLA LARGO DRIVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SZADA, GILDA
Address: 8609 VILLA LARGO DRIVE
City-St-Zip: TAMPA, FL 33614

Title: VPD (X) Change () Addition
Name: KIRALY, BRIAN
Address: 8618 VILLA LARGO DRIVE
City-St-Zip: TAMPA, FL 33614

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: GILDA SZADA

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date