2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008537

FILED Mar 26, 2009 Secretary of State

Entity Name: RIO GRANDE COURTYARD VILLA HOMEOWNERS ASSOCIATION, INC.

Current P	rincipal Place of	Business:	New Principal Place	of Business:
1304 LOM/ THE VILLA	A LANE AGES, FL 32159	US		
Current M	ailing Address:		New Mailing Addres	es:
1304 LOM/ THE VILLA	A LANE AGES, FL 32159	US		
FEI Number:	26-0812991 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:
FOX, THO 1304 LOM/ THE VILLA		US		
	named entity subre of Florida.	mits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,
CICNIATIIE				
SIGNATUF				
SIGNATUR		Signature of Registered Ager	nt	Date
				Date ES TO OFFICERS AND DIRECTORS:
	Electronic S	RS:		
OFFICERS Title: Name: Address:	Electronic S S AND DIRECTOR D () Dele FOX, THOMAS H 1304 LOMA LANE	RS: ete 32159 US ete	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	D () Delcohen, MORTON 1308 LAJOLLA CIR	RS: ete 32159 US ete J 32159 US ete J	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTORS: () Change () Addition
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Electronic S S AND DIRECTOR D () Dele FOX, THOMAS H 1304 LOMA LANE THE VILLAGES, FL D () Dele COHEN, MORTON X 1308 LAJOLLA CIR THE VILLAGES, FL D () Dele ADAMS, MILDRED 1301 LOMA LANE	RS: ete 32159 US ete J 32159 US ete J 32159 US ete CE E	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	ES TO OFFICERS AND DIRECTORS: () Change () Addition () Change () Addition

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 H. FOX D 03/26/2009