2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000011711

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Entity Name: VG&RC COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 899 WOODBRIDGE DRIVE VENICE, FL 34293 **Current Mailing Address: New Mailing Address:** 899 WOODBRIDGE DRIVE VENICE, FL 34293 FEI Number: 26-1531448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADVANCED MANAGEMENT OF SW FL INC 899 WOODBRIDGE DRIVE VENICE, FL 34293 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP (X) Change () Addition () Delete MOECKEL, JOHN MOECKEL, JOHN Name: Name: 185 TREVISO COURT Address: 899 WOODBRIDGE DRIVE Address: City-St-Zip: NOTH VENICE, FL 34275 City-St-Zip: VENICE, FL 34293 Title: DV () Delete Title: (X) Change () Addition RIGDON, MICHAEL Name: RIGDON, MICHAEL Name: Address: 118 TREVISO COURT Address: 899 WOODBRIDGE DRIVE City-St-Zip: NORTH VENICE, FL 34275 City-St-Zip: VENICE, FL 34293 Title: () Delete Title: (X) Change () Addition HAPPER, M. MARSHALL III BOWERS, JAMES Name: Name: 899 WOODBRIDGE DRIVE Address: 117 MARTELLAGO DRIVE Address: City-St-Zip: NORTH VENICE, FL 34275 City-St-Zip: VENICE, FL 34293 Title: DS () Delete Title: DV (X) Change () Addition Name: JONES, THOMAS W Name: JONES, THOMAS W 899 WOODBRIDGE DRIVE Address: 338 MONTELLUNA DRIVE Address: City-St-Zip: NORTH VENICE, FL 34275 City-St-Zip: VENICE, FL 34293 Title: () Delete Title: () Change (X) Addition CHURILLA, AL Name: Name: 899 WOODBRIDGE DR. Address: Address: City-St-Zip: City-St-Zip: VENICE, FL 34293

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL RIGDON DT 06/09/2009

() Delete

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

CHANDLER, MARGE

899 WOODBRIDGE DR VENICE, FL 34293