2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N07616

Entity Name: VILLA DEL SOL HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6515 15 ST. EAST
SARASOTA, FL 34243 US

New Principal Place of Business:

Current Mailing Address:

6515 15 ST. EAST
K-23
SARASOTA, FL 34243 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

JONES, SYLVIA
6515 15TH ST E
K-23
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

JONES, SYLVIA R MRS
6515 15TH ST E
K-23
SARASOTA, FL 34243 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: SYLVIA R. JONES 01/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILLER, ANNE
Address: 6515 15TH STREET E B-12
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: HART, CHUCK
Address: 6515 15TH ST. E. K-18
City-St-Zip: SARASOTA, FL 34243

Title: TD ( ) Delete
Name: CHATT, NED
Address: 6515 15TH ST E B-8
City-St-Zip: SARASOTA, FL 34243

Title: DS ( ) Delete
Name: JONES, SYLVIA
Address: 6515 15TH STREET E K-23
City-St-Zip: SARASOTA, FL 34243

Title: VPD ( ) Delete
Name: FILLIPPONE, ED
Address: 6515 15TH ST E L-26
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SYLVIA R, JONES DS 01/14/2009
Electronic Signature of Signing Officer or Director Date