

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 20, 2009
Secretary of State

DOCUMENT# N07837

Entity Name: VILLAS ON MISNER'S BRANCH HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**54 MISNER'S TRAIL
ORMOND BCH, FL 32174**New Principal Place of Business:****Current Mailing Address:**54 MISNER'S TRAIL
ORMOND BCH, FL 32174**New Mailing Address:****FEI Number:** 59-2505195**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KEEZEL, PAMELA K
10 MISNERS TRAIL
ORMOND BEACH, FL 32174 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:** VD () Delete
Name: ANTHONY, JEAN B
Address: 43 MISNER'S TRL
City-St-Zip: ORMOND BEACH, FL 32174**Title:** SD () Delete
Name: STOGNER, DANA D
Address: 2 MISNER'S TRL
City-St-Zip: ORMOND BEACH, FL 32174**Title:** TD () Delete
Name: KEEZEL, PAMELA K
Address: 10 MISNER'S TRL
City-St-Zip: ORMOND BEACH, FL 32174**Title:** ASD () Delete
Name: LORENTZSON, PATRICIA M
Address: 17 MISNER'S TRL
City-St-Zip: ORMOND BEACH, FL 32174**Title:** M () Delete
Name: REVIS, JOANNE E
Address: 1 MISNER'S TRL
City-St-Zip: ORMOND BEACH, FL 32174**Title:** PD () Delete
Name: PETERSEN, KATHLEEN
Address: 18 MISNERS TRAIL
City-St-Zip: ORMOND BEACH, FL 32174**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** M (X) Change () Addition
Name: SEBRA, ROBERT
Address: 20 MISNER'S TRL
City-St-Zip: ORMOND BEACH, FL 32174**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** ATD (X) Change () Addition
Name: REVIS, JOANNE E
Address: 1 MISNER'S TRL
City-St-Zip: ORMOND BEACH, FL 32174**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: KATHLEEN PETERSEN

PD

11/20/2009

Electronic Signature of Signing Officer or Director

Date