

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002973

FILED
Jan 17, 2009
Secretary of State

Entity Name: VILLA VIZCAYA HOMEOWNERS ASSOCIATION OF SANTA ROSA COUNTY, INC.

Current Principal Place of Business:

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FL 32566 US

New Principal Place of Business:

7476 LANDEIRA
NAVARRE, FL 32566 US

Current Mailing Address:

P.O. BOX 6095
NAVARRE, FL 32566 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:

FOUNTAIN LAW FIRM, P.A.
2045 FOUNTAIN PROFESSIONAL CT
SUITE A
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

MCELVEY, JOHN
7476 LANDEIRA DRIVE
NAVARRE, FL 32566 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: JOHN MCELVEY

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEBB, HUGH
Address: 7469 SOUNDSIDE DR
City-St-Zip: NAVARRE, FL 32566 US

Title: VP () Delete
Name: METZ, LARRY
Address: 1725 VILLA VIZCAYA
City-St-Zip: NAVARRE, FL 32566 US

Title: S () Delete
Name: SIMPSON, LINDA
Address: 1768 VILLA VIZCAYA
City-St-Zip: NAVARRE, FL 32566 US

Title: T () Delete
Name: SIMPSON, LINDA
Address: 1768 VILLA VIZCAYA
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCELVEY, JOHN
Address: 7476 LANDEIRA DRIVE
City-St-Zip: NAVARRE, FL 32566 US

Title: VP (X) Change () Addition
Name: RYAN, KEVIN
Address: 7477 LANDEIRA DRIVE
City-St-Zip: NAVARRE, FL 32566 US

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: JOHN MCELVEY

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date