

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003278

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE VILLAGE HOMES AT TAPESTRY PARK CONDOMINIUM ASSOCATION, INC.

Current Principal Place of Business:

2117 2ND AVENUE N
BIRMINGHAM, AL 35203

New Principal Place of Business:

10036 SAWGRASS DR W
SUITE 1
ST. AUGUSTINE, FL 32082 US

Current Mailing Address:

2117 2ND AVENUE N
BIRMINGHAM, AL 35203

New Mailing Address:

5455 AIA S
SUITE 3
ST. AUGUSTINE, FL 32080 US

FEI Number: 26-2353270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC.
ATTN: ANNIE MARKS
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 AIA S
SUITE 3
ST. AUGUSTINE, FL 32080 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: ANNA MARKS

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DIXON, JAMES M
Address: 2117 2ND AVENUE N
City-St-Zip: BIRMINGHAM, AL 35203

Title: DV () Delete
Name: GRAEVE, KENT J
Address: 2117 2ND AVENUE N
City-St-Zip: BIRMINGHAM, AL 35203

Title: DST () Delete
Name: MCLEAN, DAVID
Address: 2117 2ND AVENUE N
City-St-Zip: BIRMINGHAM, AL 35203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIXON, JAMES
Address: 5455 AIA SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: VP (X) Change () Addition
Name: GRAEVE, KENT
Address: 5455 AIA SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: S/T (X) Change () Addition
Name: MCLEAN, DAVID
Address: 5455 AIA SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: JAMES DIXON

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date