2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08561

FILED Mar 31, 2009 Secretary of State

| Entity Nam | ie: VILLA SO | NRISA THREE CONDOMINIUM | I ASSOCIATION, INC. | | |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | of Business: | |
| | OW CREEK N RTH, FL 33463 | | | | |
| Current Ma | ailing Addres | s: | New Mailing Addres | New Mailing Address: | |
| P.O. BOX 5 LAKE WOR | 41058 RTH, FL 33454 | 4 | | | |
| FEI Number: 59-2538890 FEI Number Applied For () FEI N | | FEI Number Not Applicable () | Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 6352 SHAD | KENNETH E OW CREEK \ RTH, FL 33463 | /ILLAGE CIRCLE 3 US | | | |
| The above in the State | named entity s of Florida. | ubmits this statement for the pu | rpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATURE: | | | | | |
| Electronic Signature of Registered Agent | | | t | Date | |
| OFFICERS | AND DIRECT | rors: | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | MARKS, LESLÍE | NRISA DRIVE #1110 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD () LEAVITT, ALAN 2255 W. HILLSE DEERFIELD BC | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MARGOLIN, LÉ | NRISA DRIVE # 924 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: LES MARKS PD 03/31/2009