

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10056

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** SKYE LOCH VILLAS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

729 SKYLOCH DR S.  
DUNEDIN, FL 34698 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CITADEL MANAGEMENT INC.  
40347 US 19 N. STE 229  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

**FEI Number:** 59-1876264      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RANALLO, JIM  
40347 US 19 N. STE 229  
TARPON SPRINGS, FL 34689 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: T ( ) Delete  
Name: BISHEL, JOHN  
Address: 108 SKYLOCH DR E  
City-St-Zip: DUNEDIN, FL 34698

Title: PD ( ) Delete  
Name: GILBERT, LES  
Address: 853 SKYELOCH DR S  
City-St-Zip: DUNEDIN, FL 34698

Title: VPD ( ) Delete  
Name: FULLER, JOYCE  
Address: 272 SKYLOCH DR W  
City-St-Zip: DUNEDIN, FL 34698

Title: SD ( ) Delete  
Name: HASSETT, BETTY  
Address: 284 SKYLOCH DR W  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: BISHEL, JOHN  
Address: 108 SKYLOCH DR E  
City-St-Zip: DUNEDIN, FL 34698

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: JIM RANALLO, LCAM

MGR

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date