2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10670

FILED Mar 27, 2009 Secretary of State

	ille: VVILLOVV F	OND VILLAS HOMEOV	NERS ASSOCIATION, INC.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	LOW POND DR HARBOR, FL 34				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	LOW POND DR HARBOR, FL 34		1006 WILLOW POND DF SAFETY HARBOR, FL 3		
FEI Number	: 59-3441769	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Ci	ırrent Registered Agent	: Name and Address of N	lew Registered Agent:	
	D, SYLVIA LOW POND DR HARBOR, FL 34	.695 US			
	e named entity so e of Florida.	ubmits this statement for t	he purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATU		- Cianatana of Danistana d	Anna	Dete	
0FF10FD		Signature of Registered		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () I HOWARD, PATR 5 SUNNY POINT OLDSMAR, FL 3	TERR	Title: () Name: Address: City-St-Zip:	Change () Addition	
	02001111111, 12	14077			
Title: Name: Address: City-St-Zip:		Delete A OND DR	·	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: LISA SLONAKER SECY 03/27/2009