

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12190

FILED  
Mar 08, 2009  
Secretary of State

Entity Name: VILLA ESTA II ASSOCIATION, INC.

## Current Principal Place of Business:

26461 EXPLORER RD., UNIT F  
PUNTA GORDA, FL 33983

## New Principal Place of Business:

26461 EXPLORER RD., UNIT F  
PUNTA GORDA, FL 33983 US

## Current Mailing Address:

100 SULLIVAN, #112  
PUNTA GORDA, FL 33950

## New Mailing Address:

100 SULLIVAN, #112  
PUNTA GORDA, FL 33950 US

FEI Number: 65-1094468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GREENE, JOAN F  
100 SULLIVAN, #112  
PUNTA GORDA, FL 33950 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: STD ( ) Delete  
Name: BOSS, LYLE  
Address: 26461 EXPLORER RD  
City-St-Zip: PUNTA GORDA, FL 33983

Title: PD ( ) Delete  
Name: ONEIL, JOHN  
Address: 26461 EXPLORER RD.  
City-St-Zip: PUNTA GORDA, FL 33950

Title: ST ( ) Delete  
Name: KEPPLER, EMMA  
Address: 1121 GENESEE  
City-St-Zip: MAYFIELD HEIGHTS, OH 44124

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: DERUVA, LYNN  
Address: 26461 EXPLORER RD E  
City-St-Zip: PUNTA GORDA, FL 33983 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: LYNN DERUVA

PRES

03/08/2009

Electronic Signature of Signing Officer or Director

Date