

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13014

FILED
Apr 18, 2008
Secretary of State

Entity Name: VILLA ESTA I ASSOCIATION, INC.

Current Principal Place of Business:

1415 SAN CRISTOBAL AVE
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950

New Mailing Address:

PO BOX 7555
NORTH PORT, FL 34290

FEI Number: 59-2693452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOAN F
100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

BINDER, BRENDA S
1485 FITZGERALD ROAD
NORTH PORT, FL 34288 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: BRENDA S. BINDER

04/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALSH, TOM
Address: 1415 SAN CRISTOBAL A-9
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: VPD () Delete
Name: OLSON, LLYOD
Address: 1415 SAN CRISTOBAL
City-St-Zip: PORT CHARLOTTE, FL

Title: SD () Delete
Name: HOLLIDAY, MYRTLE
Address: 1415 SAN CRISTOBAL A5
City-St-Zip: PORT CHARLOTTE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALSH, TOM
Address: 1415 SAN CRISTOBAL A-9
City-St-Zip: PUNTA GORDA, FL 33983

Title: VPD (X) Change () Addition
Name: HACKER, JAMES
Address: 1415 SAN CRISTOBAL A-6
City-St-Zip: PUNTA GORDA, FL 33983

Title: SD (X) Change () Addition
Name: HOLLIDAY, MYRTLE
Address: 1415 SAN CRISTOBAL A5
City-St-Zip: PUNTA GORDA, FL 33983

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: TOM WALSH

P

04/18/2008

Electronic Signature of Signing Officer or Director

Date