

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13571

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE VILLAGE FALLS AT NAPLES, INC.

Current Principal Place of Business:

C/O ASSOCIATES REAL ESTATE SERVICES INC.
5039 E. TAMIAMI TR.
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

C/O ASSOCIATES REAL ESTATE SERVICES INC.
5039 E. TAMIAMI TR.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 59-2652541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATES REAL ESTATE SERVICES INC.
5039 E. TAMIAMI TR.
NAPLES, FL 34113 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: PD () Delete
Name: SAUNDERS, H.J.
Address: 5025 TAMIAMI TRAIL E
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: HOURAN, BRUCE G
Address: 4997 TAMIAMI TRAIL E
City-St-Zip: NAPLES, FL 34113

Title: SD () Delete
Name: MILLER, JON W
Address: 7778 SAVANNAH COURT
City-St-Zip: NAPLES, FL 34104

Title: VPD () Delete
Name: HAUSIN, ROBERT
Address: 4987 TAMIAMI TR E
City-St-Zip: NAPLES, FL 34113

Title: TD () Delete
Name: RAY, LARRY
Address: 3710 MAIR WOODS WAY
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALLEN F. RICHARDSON

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date