

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17492

FILED
Jan 29, 2009
Secretary of State

Entity Name: VILLAGES OF VILANO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

461 A1A BEACH BLVD
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

461 A1A BEACH BLVD
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 36-3496407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIP H JACOBS
461 A1A BEACH BLVD.
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

JACOBS, PHILIP H
461 A1A BEACH BLVD.
SAINT AUGUSTINE, FL 32080 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: PHILIP HJACOBS

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MAGUIRE, JOHN
Address: 158 OCEAN HOLLOW
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: HERD, RIPPE
Address: 324 B VILLAGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: ARNOLD, TOM
Address: 332 F VILLAGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: MYETTE, KEVIN
Address: 110 OCEAN HOLLOW 121
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: P (X) Delete
Name: MACY, KATHLEEN
Address: 139 OCEAN HOLLOW LANE
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: GRANE, KIMBERLY
Address: 113 S LAKE CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DVP (X) Change () Addition
Name: ARNOLD, TOM
Address: 332 F VILLAGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DA (X) Change () Addition
Name: O'NEILL, JIM
Address: 104 N LAKE CIRLE
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: KIMBERLY GRANE

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date