

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19945

FILED
Apr 08, 2010
Secretary of State

Entity Name: VILLAS OF SUN AIR OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

24 BUCK CIRCLE
HAINES CITY, FL 33844

New Principal Place of Business:

26 BUCK CIRCLE
HAINES CITY, FL 33844

Current Mailing Address:

24 BUCK CIRCLE
HAINES CITY, FL 33844

New Mailing Address:

26 BUCK CIRCLE
HAINES CITY, FL 33844

FEI Number: 59-2910764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNHOLZ, PAULETTE
24 BUCK CIRCLE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

CARLUCCI, EDWARD
26 BUCK CIRCLE
HAINES CITY, FL 33844 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: EDWARD CARLUCCI

04/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: JOHLL, WILLIAM G
Address: 20 BUCK CIR
City-St-Zip: HAINES CITY, FL 33844

Title: T
Name: CARLUCCI, EDWARD
Address: 26 BUCK CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: S
Name: YERLOW, NANCY
Address: 26 BUCK CR.
City-St-Zip: HAINES CITY, FL 33844

Title: VP
Name: KITTENGER, KIMBERLY
Address: 25 BUCK CIRCLE
City-St-Zip: HAINES CITY, FL 33844

Title: TRUS
Name: MAXWELL, JIM
Address: 18 BUCK CIR
City-St-Zip: HAINES CITY, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: EDWARD CARLUCCI

T

04/08/2010

Electronic Signature of Signing Officer or Director

Date