

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21147

FILED
Mar 19, 2009
Secretary of State

Entity Name: ADIOS VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

FOUNDATION PROPERTY SERVICES
6530 GRIFFIN ROAD, SUITE 104
DAVIE, FL 33314 US

New Principal Place of Business:

FOUNDATION PROPERTY SERVICES
4750 W. COMMERCIAL BLVD
TAMARAC, FL 33319 US

Current Mailing Address:

FOUNDATION PROPERTY SERVICES
6530 GRIFFIN ROAD, SUITE 104
DAVIE, FL 33314 US

New Mailing Address:

FOUNDATION PROPERTY SERVICES
4750 W. COMMERCIAL BLVD
TAMARAC, FL 33319 US

FEI Number: 65-0037417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOUNDATION PROPERTY SERVICES
6530 GRIFFIN ROAD
104
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

PEYTONBOLIN
4804 W. COMMERCIAL BLVD
TAMARAC, FL 33319 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: MARY BANMILLER

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ROLFF, AREND
Address: PO BOX 970546
City-St-Zip: COCONUT CREEK, FL 33097

Title: P () Delete
Name: TADDONIO, PAUL
Address: PO BOX 970546
City-St-Zip: COCONUT CREEK, FL 33097

Title: D () Delete
Name: LINNEAL, MYRA
Address: PO BOX 970546
City-St-Zip: COCONUT CREEK, FL 33097

Title: S () Delete
Name: DIONNE, SUZAN
Address: PO BOX 970546
City-St-Zip: COCONUT CREEK, FL 33097

Title: D () Delete
Name: SMITH, BOB
Address: PO BOX 970546
City-St-Zip: COCONUT CREEK, FL 33097

Title: D () Delete
Name: DESILVIO, NIKI
Address: PO BOX 970546
City-St-Zip: COCONUT CREEK, FL 33097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ROLFF, AREND
Address: 3431 NW 71 ST STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: P (X) Change () Addition
Name: RUSSELL, BRYCE
Address: 3320 NW 71ST
City-St-Zip: COCONUT CREEK, FL 33073

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: MARY BANMILLER

OM

03/19/2009

Electronic Signature of Signing Officer or Director

Date