2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N21527

Entity Name: VILLAS OF LAKE MAMIE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

110 OLD TREE LINE TR
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

110 OLD TREE LINE TR
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 59-2863384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANSBOTTOM, LU ELLEN
991 OLD MILL RUN
ORMOND BEACH, FL 32174 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:	REYNOLDS, CHRIS	
Address:	748 OLD TREE LINE TRAIL	
City-St-Zip:	DELAND, FL 32728	
Title:	VPD	( ) Delete
Name:	LEVEILLE, BILL	
Address:	125 FALLEN TIMBER TRL	
City-St-Zip:	DELAND, FL	
Title:	STD	( ) Delete
Name:	GIROUX, JAN	
Address:	100 WATERS EDGE TRAIL	
City-St-Zip:	DELAND, FL	
Title:	D	( ) Delete
Name:	KEEBLER, BILL	
Address:	110 FALLEN TIMBER TRAIL	
City-St-Zip:	DELAND, FL	
Title:	D	( ) Delete
Name:	GILL, GERALD	
Address:	750 OLD TREE LINE TR	
City-St-Zip:	DELAND, FL 32724	

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: CHRISTINE REYNOLDS PRES 01/25/2009

Electronic Signature of Signing Officer or Director — Date