## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23203

FILED Jun 16, 2009 Secretary of State

Entity Name: VILLA GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

603-A S GLEN AVE 603 S. GLEN AVE TAMPA, FL 33609 UNIT#A

TAMPA, FL 33609

**New Mailing Address:** 

17 Will 73, 1 E 0000

603-A S GLEN AVE TAMPA, FL 33609

**Current Mailing Address:** 

FEI Number: 59-2915215 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYES, WILLIAM N
603A S GLEN AVENUE
603 S. GLEN AVE.
TAMPA, FL 33609 US
UNIT#A
TAMPA, FL 33609 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: ELAINE C. HAYES 06/16/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete Title: PTD (X) Change ( ) Addition Name: WEIHE, MARY Name: WEIHE, MARY

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 HAYES, ANN
 Name:
 HAYES, ANN C

 Address:
 603 S GLEN AVE UNIT A
 Address:
 603 S GLEN AVE UNIT A

Address: 603 S GLEN AVE UNIT A Address: 603 S GLEN AVE UNIT A
City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 ROBERTS, KRISTI
 Name:
 ROBERTS, KRISTI

 Address:
 603 S GLEN AVE UNIT D
 Address:
 603 S GLEN AVE UNIT B

 City-St-Zip:
 TAMPA, FL 33609
 City-St-Zip:
 TAMPA, FL 33609

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: ANN C. HAYES VPD 06/16/2009