

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29246

FILED
Mar 10, 2009
Secretary of State

Entity Name: ASSOCIATION OF VILLAGES OF FIRESIDE, INC.

Current Principal Place of Business:

786 BLANDING BLVD 118
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

786 BLANDING BLVD 118
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 59-2916816 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PERRY, ALAN
786 BLANDING BLVD. #118
ORANGE PARK, FL 32065 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: TD () Delete
Name: DONALD, JANIEM
Address: 2508 MOON HARBOR WAY
City-St-Zip: MIDDLEBURG, FL 32008

Title: D () Delete
Name: HILT, MICHAEL
Address: 3247 FIRESIDE DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: SD () Delete
Name: MIMS, JENNIFER
Address: 2467 MOON HARBOR WAY
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: BRANAUGH, DIANE
Address: 2004 MOON HARBOR WAY
City-St-Zip: MIDDLEBURG, FL 32068

Title: VD () Delete
Name: WEBER, EWALD
Address: 2488 MOON HARBOR WAY
City-St-Zip: MIDDLEBURG, FL 32068

Title: PD () Delete
Name: ANDERSON, JOHN
Address: 1994 EMBERS CT
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GODFREY, JOHN
Address: 3195 CHIMNEY DRIVE
City-St-Zip: MIDDLEBURG, FL 32008

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

Title: SD (X) Change () Addition
Name: GIULIANO, BOB
Address: 2500 MOON HARBOR WAY
City-St-Zip: MIDDLEBURG, FL 32068

Title: DT (X) Change () Addition
Name: BRANAUGH, DIANE
Address: 2004 MOON HARBOR WAY
City-St-Zip: MIDDLEBURG, FL 32068

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: ALAN PERRY

RA

03/10/2009

Electronic Signature of Signing Officer or Director

Date