2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29896

FILED Jan 12, 2009 Secretary of State

Entity Name: DEL SOL VILLAGE ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** % JAMES E. WINDING, PRESIDENT 5761 BEAURIVAGE AVE. SARASOTA, FL 34243 **New Mailing Address: Current Mailing Address:** P.O. BOX 52602 SARASOTA, FL 34232 FEI Number: 65-0122437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WINDING, JAMES E 5761 BEAURIVAGE AVE. SARASOTA, FL 34243 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WINDING, JAMES E Name: Name: 5761 BEAURIDGE AVE Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: Title: VPD Title: () Delete () Change () Addition DYKE, JANET Name: Name: Address: 4443 DEL SOL BLVD SO Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition HOWELL, RICHARD OCHIN, RICHARD Name: Name: 5782 BEAURIVAGE AVE 4500 DEL SOL BLVD SO Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: TD () Delete Title: () Change () Addition RIGATUSO, MICHAEL Name: Name: Address: 4493 DEL SOL BLVD Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: () Delete Title: () Change () Addition SNODGRASS, JUDITH Name: Name: 5629 BEAURIVAGE AVE Address: Address: City-St-Zip: SARASOTA, FL 34243 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: MICHAEL A. RIGATUSO TD 01/12/2009