2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N31290

Entity Name: PARK VILLAGE HOMEOWNERS ASSOCIATION OF RUSKIN, INC.

Current Principal Place of Business:

2035 PARK VILLAGE DR
RUSKIN, FL 33570

New Principal Place of Business:

2035 PARK VILLAGE DR.
RUSKIN, FL 33570

Current Mailing Address:

2035 PARK VILLAGE DR
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 59-2936256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, EMMA L
2035 PARK VILLAGE DR
RUSKIN, FL 33570 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: ROBERTS, GREGORY B
Address: 2029 PARK VILLAGE DR
City-St-Zip: RUSKIN, FL 33570

Title: VD ( ) Delete
Name: COOK, ROBERT
Address: 2028 PARK VILLAGE DR
City-St-Zip: RUSKIN, FL 33570

Title: SD ( ) Delete
Name: VASQUEZ, LAURA
Address: 2036 PARK VILLAGE DR
City-St-Zip: RUSKIN, FL 33570

Title: TD ( ) Delete
Name: ROBERTS, EMMA L
Address: 2035 PARK VILLAGE DR
City-St-Zip: RUSKIN, FL 33570

Title: D ( ) Delete
Name: RASMUSSON, PHILIP
Address: 2004 PARK VILLAGE DR
City-St-Zip: RUSKIN, FL 33570

Title: D ( ) Delete
Name: DELISLE, AL
Address: 2018 PARK VILLAGE DR
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: COON, ROBERT
Address: 2028 PARK VILLAGE DR
City-St-Zip: RUSKIN, FL 33570

Title: SD (X) Change ( ) Addition
Name: VAZQUEZ, LINDA
Address: 2015 PARK VILLAGE DR
City-St-Zip: RUSKIN, FL 33570

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: EMMA ROBERTS TD 02/17/2009

Electronic Signature of Signing Officer or Director — Date