2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35923

FILED Feb 23, 2009 Secretary of State

Entity Name: VENDOME VILLAGE UNIT TEN ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O INFINITI PROP. MGT. INC C/O QUALIFIED PROP. MGT. INC 1301 SEMINOLE BLVD, #110 1301 SEMINOLE BLVD, #110 LARGO, FL 33770 LARGO, FL 33770 New Mailing Address: **Current Mailing Address:** C/O INFINITI PROP. MGT. INC C/O QUALIFIED PROP. MGT. INC 1301 SEMINOLE BLVD, #110 1301 SEMINOLE BLVD, #110 LARGO, FL 33770 LARGO, FL 33770 FEI Number: 59-1654772 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: INFINITI PROP. MGT., INC QUALIFIED PROPERRT MANAGEMENT, INC. 1301 SEMINOLE BLVD 5901 US 19 SUITE 110 SUITE 7Q LARGO, FL 33770 US NEW PORT RICHEY, FL 34652 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: MARY A. WHITE 02/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FOSTER, JANE Name: Name: 6880 VERSAILLES Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: PD Title: Title: () Delete () Change () Addition WILSON, PAT Name: Name: Address: 6855 MONTE CARLO Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: STD () Delete Title: SD (X) Change () Addition SCHUSTER, RUTH KEY, PATRICIA Name: Name: 6885 MONTE CARLO Address: 6845 MONTE CARLO Address: City-St-Zip: PINELLAS PARK, FL City-St-Zip: PINELLAS PARK, FL 33781 Title: () Delete Title: TD () Change (X) Addition Name: Name: WHITE, HELLA 6890 VERSAILLES Address: Address: City-St-Zip: City-St-Zip: PINELLAS PARK, FL 33781 Title: () Delete Title: () Change (X) Addition ZOKER, BARBARA Name: Name: 6905 MONTE CARLO Address: Address: City-St-Zip: City-St-Zip: PINELLAS PARK, FL 33781

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: PAT WILSON PD 02/23/2009