2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N40686

Entity Name: WORTHINGTON VILLAS ASSOCIATION I, INC.

Current Principal Place of Business:

13500 WORTHINGTON WAY
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

13550 WORTHINGTON WAY
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

13550 WORTHINGTON WAY
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0228851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANKOWSKY, PAUL
13500 WORTHINGTON WAY
BONITA SPRINGS, FL 34135 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: DT ( ) Delete
Name: FLANDERS, JERRY
Address: 13010 SOUTHAMPTON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS ( ) Delete
Name: BOYD, ROBERT
Address: 13310 SOUTHAMPTON DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DP ( ) Delete
Name: JOSTES, GERI
Address: 13151 SOUTHAMPTON DR
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: BOYD, ROBERT
Address: 13310 SOUTHAMPTON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS (X) Change ( ) Addition
Name: BARRETT, ANTHONY
Address: 13181 SOUTHAMPTON DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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: GERI JOSTES DP 04/20/2009

Electronic Signature of Signing Officer or Director — Date