

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41159

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** MONACO VILLAS AT KISSIMMEE BAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O WORLD OF HOMES  
2884 S OSCEOLA AVE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WORLD OF HOMES  
2884 S OSCEOLA AVE  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 59-3066747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WORLD OF HOMES  
2884 S. OSCEOLA AVE  
ORLANDO, FL 32806 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: WILLIAMS, PHILIP  
Address: 1759 ST TROPEZ COURT  
City-St-Zip: KISSIMMEE, FL 34744

Title: VPD ( ) Delete  
Name: RYDER, EARLE  
Address: 1709 ST TROPEZ CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: SD ( ) Delete  
Name: MORAN, SANDY  
Address: 1717 ST TROPEZ CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: CHIARELLI, ANGELO  
Address: 1757 ST TROPEZ CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: TD ( ) Delete  
Name: MIGLIACCIO, ANTHONY  
Address: 1747 ST TROPEZ CT  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: GWYN LLANA

MGR.

02/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date