

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47456

FILED
Feb 18, 2009
Secretary of State

Entity Name: VILLA DEL SUR ASSOCIATION, INC.

Current Principal Place of Business:

226 BRAZILIAN AVE.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

832 PROSPERITY FARMS RD
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0244587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONAGHY, MIKE MGR
832 PROSPERITY FARMS RD
NORTH PALM BEACH, FL 33408 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: TS () Delete
Name: GILLIGAN, VIRGINIA
Address: 226 BRAZILIAN AVE., APT. 2-C
City-St-Zip: PALM BEACH, FL 33480

Title: P () Delete
Name: MUNRO, BUD
Address: 226 BRAZILIAN AVE., APT. 3-B
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: RUTHERFURD, PAT
Address: 226 BRAZILIAN AVE., APT. 3-C
City-St-Zip: PALM BEACH, FL 33480

Title: D (X) Delete
Name: CURRY, SUSAN
Address: 226 BRAZILIAN AVE., APT. 2A
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: CHARLAND, BOB
Address: 226 BRAZILIAN AVE., APT. 2-C
City-St-Zip: PALM BEACH, FL 33480

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: MIKE DONAGHY

MGR

02/18/2009

Electronic Signature of Signing Officer or Director

Date