2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000131

FILED Feb 23, 2009 Secretary of State

Entity Name: VENDOME VILLAGE COUNCIL OF PRESIDENTS, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O INFINITI PROPERTY MGMT. INC C/O QUALIFIED PROPERTY MGMT. INC 1301 SEMINOLE BLVD, #110 1301 SEMINOLE BLVD, #110 LARGO, FL 33770 LARGO, FL 33770 **Current Mailing Address:** New Mailing Address: C/O INFINITI PROPERTY MGMT. INC. C/O QUALIFIED PROPERTY MGMT. INC. 1301 SEMINOLE BLVD., #110 1301 SEMINOLE BLVD., #110 LARGO, FL 33770 LARGO, FL 33770 FEI Number: 59-3166908 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 PROPERTY MGMT INC QUALIFIED PROPERTY MGMT INC 1301 SEMINOLE BLVD. 5901 US 19 STE. 110 STE. 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 SMITH, DAVE Name: Name: 6765 ARMAND PLACE Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: VD () Delete Title: () Change () Addition NORMAN, FORREST Name: Name: Address: 8475-68TH WY N Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: STD () Delete Title: () Change () Addition KNAPP, SHIRLEY Name: Name: 8245 BURGUNDY DRIVE Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 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: DAVE SMITH PD 02/23/2009