

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000697

FILED
Jan 13, 2009
Secretary of State

Entity Name: VILLAS OF LAKE MARY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5401 SOUTH KIRKMAN RD. #450
ORLANDO, FL 32819

New Principal Place of Business:

5401 SOUTH KIRKMAN RD.
STE. 450
ORLANDO, FL 32819

Current Mailing Address:

5401 SOUTH KIRKMAN RD. #450
ORLANDO, FL 32819

New Mailing Address:

5401 SOUTH KIRKMAN RD.
STE. 450
ORLANDO, FL 32819

FEI Number: 59-3612892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 SOUTH KIRKMAN RD. #450
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 SOUTH KIRKMAN RD.
STE. 450
ORLANDO, FL 32819 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: KAREN SFARA

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE, CHRIS
Address: 106 DORCHESTER SQ.
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: SANTANA, DIANA
Address: 204 DORCHESTER SQUARE
City-St-Zip: LAKE MARY, FL 32746

Title: S () Delete
Name: MARTIN, JESSICA
Address: 110 DORCHESTER SQ
City-St-Zip: LAKE MARY, FL 32746

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:

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: CHRIS WHITE

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date