

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001391

FILED
Mar 10, 2009
Secretary of State

Entity Name: VILLA CALESA LAKESIDE HOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AWAKENINGS ASSOCIATION MANAGEMENT
4213 COUNTY ROAD 218, SUITE 1
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

4946 HERTON DR
JACKSONVILLE, FL 32258 US

Current Mailing Address:

4213 COUNTY ROAD 218, SUITE 1
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 59-3273639 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AWAKENINGS ASSOCIATION MANAGEMENT
4213 COUNTY ROAD 218
SUITE 1
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

BOOKKEEPING AND ACCOUNTING OF FL
4946 HERTON DR
JACKSONVILLE, FL 32258 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: YULIYA MOODY

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TURRA, MARCO
Address: 4016 LA VISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: STD () Delete
Name: MIKOSKY, DIANE
Address: 4320 DEERWOOD LAKE PARKWAY SUITE 101-501
City-St-Zip: JACKSONVILLE, FL 32217

Title: VPD () Delete
Name: VSDIN, PHYLLIS
Address: 4010 LAVISTA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

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: JULIYA MOODY

RA

03/10/2009

Electronic Signature of Signing Officer or Director

Date