

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004838

FILED
Apr 30, 2009
Secretary of State

Entity Name: VILLAS AT FORTUNE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1201 SIMPSON RD
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

DAILY MANAGEMENT, INC.
P.O. BOX 730119
ORMOND BEACH, FL 321730119 US

New Mailing Address:

FEI Number: 59-3248628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNEDY, R. MICHAEL
444 SEA BREEZE BLVD ST 1001
DAYTONA BEACH, FL 32118 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: OAKLEY, FRANK
Address: 470 RIDGEMONT DRIVE
City-St-Zip: FAYETTEVILLE, GA 30215

Title: VPD () Delete
Name: BELL, JOHN
Address: 722 BOLIVAR STREET
City-St-Zip: LADY LAKE, FL 32159

Title: D () Delete
Name: OGILVIE, BILL
Address: PO BOX 2548
City-St-Zip: BLUE RIDGE, GA 30513

Title: TS () Delete
Name: SCOTTI, HELENE
Address: 382 LINEBROOK ROAD
City-St-Zip: IPSWICH, MA 01938

Title: D () Delete
Name: ROSS, WADE
Address: 314 BRIDGEFORD CHURCH RD.
City-St-Zip: HAZLEHURST, GA 31539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: OGILVIE, BILL
Address: 600 HOOD ROAD
City-St-Zip: BLUE RIDGE, GA 30513

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: FRANK OAKLEY

VPD

04/30/2009

Electronic Signature of Signing Officer or Director

Date