

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005485

FILED
Jan 29, 2009
Secretary of State

Entity Name: MARINA HOMES AT VILLAGES OF VILANO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3655 COASTAL HWY
ST AUGUSTINE, FL 32095

New Principal Place of Business:

3655 COASTAL HWY
ST AUGUSTINE, FL 32084

Current Mailing Address:

461 A1A BEACH BLVD.
ST AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3301155 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JACOBS, PHILIP H
JACOBS, JACOBS & ASSOCIATES, INC.
461 A1A BEACH BLVD
ST. AUGUSTINE, FL 32080 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: T () Delete
Name: MAVIS, BENNETT
Address: 27895 ADMIRALS WALK
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: SIGEL, BRENT
Address: 4323 SW 78TH ST
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: RIPPE, SUSAN
Address: 10 PLACES WEST DR NW
City-St-Zip: ATLANTA, GA 30327

Title: D () Delete
Name: RUSS, RUSSELL
Address: 3200 VILLAGE DR
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: P () Delete
Name: ARNOLD, TOM
Address: 322 F VILLAGE DR
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: YOAKUM, JUDY
Address: 328 VILLAGE DRIVE UNIT E
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP (X) Change () Addition
Name: PARLIN, DAVID
Address: 328 VILLAGE DRIVE UNIT D
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D (X) Change () Addition
Name: RUSS, RUSSELL
Address: 320 VILLAGE DR UNIT D
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: PD (X) Change () Addition
Name: ARNOLD, TOM
Address: 322 F VILLAGE DR
City-St-Zip: ST AUGUSTINE, FL 32084

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: THOMAS S ARNOLD

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date