

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001889

FILED
Apr 29, 2009
Secretary of State

Entity Name: VIEUX CARRE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

528 E PARK AVE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

528 E PARK AVE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3470232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN
431 WAVERLY RD.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

ISAACS, DAN L
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DAN ISAACS

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: THOMAS, JOAN
Address: 1469 VIEUX CARRE' DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: GREENBERG, ROBERT
Address: 1457 VIEUX CARRE' DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: PETIT, BROOKS
Address: 1424 VIEUX CARRE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS () Delete
Name: PROCTOR, JULIAN
Address: 1429 VIEUX CARRE' DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: DP (X) Delete
Name: FIELDS, MIKE
Address: 1472 ST. CHARLES PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete
Name: BOURASSA, EILEEN
Address: 1465 VIEUX CARRE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: BOURASSA, EILEEN
Address: 1465 VIEUX CARRE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVP (X) Change () Addition
Name: LABORDE, CHIP
Address: 1491 ST. CHARLES PLACE
City-St-Zip: TALLAHASSEE, FL 32308

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: EILEEN BOURASSA

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date