2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N97000004806

Entity Name: THE TRADITIONS AT VILLAROSA HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

475 W TOWN PL 100
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

475 W TOWN PL 100
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-3498682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEVERN TRENT SRVS., INC
475 W TOWN PL 100
SAINT AUGUSTINE, FL 32092 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: VD ( ) Delete
Name: GARDNER, JAMES
Address: 4614 CORSAGE DR
City-St-Zip: LUTZ, FL 33558

Title: PD ( ) Delete
Name: MAC ADAM, JOANNE
Address: 4703 CORSAGE DRIVE
City-St-Zip: LUTZ, FL 33558

Title: TD ( ) Delete
Name: CHAPLICK, JOHN
Address: 19425 MELODY FAIR PLACE
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete
Name: CUMBERLAND, JOHN
Address: 19417 GOLDEN SLIPPER PL
City-St-Zip: LUTZ, FL 33558

Title: SD ( ) Delete
Name: JACKSON, CHARLIE
Address: 4715 CORSAGE DR
City-St-Zip: LUTZ, FL 33558

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:

Title: D (X) Change ( ) Addition
Name: ROCHEFORD, GEORGE
Address: 19404 MELODY FAIR PLACE
City-St-Zip: LUTZ, FL 33558

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: JOANNE MACADAM PRES 04/06/2009
Electronic Signature of Signing Officer or Director — Date