

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005908

FILED
Feb 21, 2009
Secretary of State

Entity Name: VILLA BORGHESE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6750 VIA VILLA BORGHESE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

6750 VIA VILLA BORGHESE
DELRAY BEACH, FL 33446

New Mailing Address:

C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355

FEI Number: 65-1007304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSTIN, JOSHUA ESQ.
1499 WEST PALMETTO PARK ROAD
#412
BOCA RATON, FL 33486 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: P () Delete
Name: SCHWAGER, MEL
Address: 13825 VIA NIDIA
City-St-Zip: DELRAY BEACH, FL 33446

Title: 1VP () Delete
Name: HONIG, ED
Address: 6847 VIALE ELIZABETH
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD () Delete
Name: COHEN, ED
Address: 13838 VIA TIVOLI
City-St-Zip: DELRAY BEACH, FL 33446

Title: 2VP () Delete
Name: DOLGOFF, KAREN
Address: 7229 VIA VERONA
City-St-Zip: DELRAY BEACH, FL 33446

Title: SEC () Delete
Name: JARECKI, HERB
Address: 6589 VIA TRENTO
City-St-Zip: DELRAY BEACH, FL 33446

Title: ATD () Delete
Name: GOODMAN, ARNOLD
Address: 13849 VIA NIDIA
City-St-Zip: DELRAY BEACH, FL 33446

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: 2VP (X) Change () Addition
Name: FRIEDMAN, CHARLIE
Address: 6538 VIA VICENZA
City-St-Zip: DELRAY BEACH, FL 33446

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: ROBERT A DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

Date