2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002826

Apr 29, 2009 Secretary of State

Entity Name: VILLAGES OF ST. MARKS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 528 E. PARK AVENUE TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:**

528 E. PARK AVENUE TALLAHASSEE, FL 32301

FEI Number: 59-3663031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition PICHARD, KEVIN PICHARD, KEVIN Name: Name: 2956 WOODRICH DRIVE Address: 2037 DOOMAR DRIVE Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32308

Title: DS Title: DS (X) Change () Addition () Delete

BUDA, STACEY Name: BUDA, STACIE Name:

Address: **58 BURNTPINE LOOP** Address: 52 BURNT PINE LOOP P.O. BOX 116

City-St-Zip: ST MARKS FL 32355, FL 32355 City-St-Zip: ST MARKS, FL 32355

Title: DVP () Delete Title: () Change () Addition

CASEY, LARRY Name: Name: Address: P.O. BOX 826 Address: City-St-Zip: WACISSA, FL 32361 City-St-Zip:

(X) Change () Addition Title: DT () Delete Title: DT Name: BUNKER, CLEMENTINE Name: BUNKER, CLEMENTINE

38 BURNT PINE LOOP 38 BURNT PINE LOOP P.O. BOX 212 Address: Address:

City-St-Zip: ST. MARKS, FL 32355 City-St-Zip: ST. MARKS, FL 32355

Title: () Delete Title: (X) Change () Addition

RYDER, WILLIAM WILLIAM, RYDER Name: Name: 1508 CHINA TRAIL GROVE 1508 CHINA TRAIL GROVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete Title: () Change () Addition

JOHNSON, TOMMY Name: Name: Address: P.O. BOX 776 Address: CRAWFORDVILLE, FL 32326 City-St-Zip: 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: KEVIN PICHARD DP 04/29/2009