## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003472

FILED Feb 24, 2009 Secretary of State

Entity Name: VILLA ROSA SARASOTA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
1801 GLENGARY STREET SARASOTA, FL 34231				1801 GLENGARY STREET - FL. 1 SARASOTA, FL 34231			
Current Mailing Address:				New Mailing Address:			
1801 GLENGARY STREET SARASOTA, FL 34231				1801 GLENGARY STREET - FL. 1 SARASOTA, FL 34231			
El Number	: 65-1091317	FEI Number Applied For()	FEI Number N	lot Appl	licable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Nan	ne and	Address o	f New Registered Agent:	
1801 GLEI SARASOT The above	NGARY STRE FA, FL 34231  e named entity	US	180 <sup>-</sup> SAR	1 GLEN RASOT	NGARY STF A, FL 3423	MUNITY MANAGEMENT, INC. REET - FL. 1 1 US d office or registered agent, or both,	
	e of Florida.					00/04/0000	
SIGNATUI		nic Signature of Pegistered Age	ant .			02/24/2009 Date	
Electronic Signature of Registered Agent				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
OFFICERS AND DIRECTORS:					IS/CHANGE		
Fitle: Name: Address: City-St-Zip:	PD ( LEE, JACK 4291 MIRIANA SARASOTA, FI		Title: Name Addre City-	€:		( ) Change ( ) Addition	
ītle: lame: lddress: Dity-St-Zip:	TD ( SILVERSTIEN, 4404 REFLEC SARASOTA, FL	TIONS PKWY	Title: Name Addre City-	∋:		( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip:	SD ( BARON, EDYT 4310 REFLEC SARASOTA, FL	TIONS PKWY	Title: Name Addre City-	<b>e</b> :		( ) Change ( ) Addition	
Fitle: Name: Nddress: Dity-St-Zip:	VPD ( BURST, CARL 4402 REFLEC SARASOTA, FL		Title: Name Addre City-	€:		()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	AS ( MARKEL, JIM 1801 GLENGA SARASOTA, FL		Title: Name Addre City-	∋:	AS MARKEL, JI 1801 GLENG SARASOTA,	GARY STREET - FL. 1	
Fitle: Name: Address: City-St-Zip:	AT ( SUTTON, WILL 1801 GLENGA SARASOTA, FI	RY STREET	Title: Name Addre City-:	<b>e</b> :	AT SUTTON, W 1801 GLENG SARASOTA,	GARY STREET - FL. 1	

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: JIM MARKEL AS 02/24/2009