## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000052861

City-St-Zip:

Entity Name: VILLAS AT ANASTASIA, INC.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
134 EAST CALL STREET STARKE, FL 32091  Current Mailing Address:			7645 GATE PARKWAY, SUITE #106 JACKSONVILLE, FL 32256			
			New Maili	New Mailing Address:		
134 EAST CALL STREET STARKE, FL 32091				7645 GATE PARKWAY, SUITE #106 JACKSONVILLE, FL 32256		
FEI Number	: 20-2683755	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
WHITE, JO 134 EAST STARKE,	CALL STREE	T JS				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P ( WHITE, JOB E 134 EAST CAL STARKE, FL 3	L STREET	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( FORT, JASON 68 WATER ST ST AUGUSTIN	REET	Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	MALONE, JAN 7645 GATE P	) Change (X) Addition MES A ARKWAY, SUITE #106 LE, FL 32256	
Title: Name: Address:	(	) Delete	Title: Name: Address:	GRAHAM, MI	)Change(X)Addition CHAEL W ARKWAY, SUITE #106	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

JACKSONVILLE, FL 32256

SIGNATURE: MICHAEL W. GRAHAM S/T 01/27/2009