

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022666

FILED  
Jan 08, 2010  
Secretary of State

Entity Name: VILLA GRANDE ON SAXON, INC.

**Current Principal Place of Business:**

650 S. NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

650 S. NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 20-4343681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LECESSE DEVELOPMENT CORPORATION  
650 S. NORTHLAKE BLVD.  
SUITE 450  
ALTAMONTE SPRINGS, FL 32701 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: LECCESE, SALVADOR F  
Address: 650 S. NORTHLAKE BLVD.; SUITE 450  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VP S  
Name: GROSCH, FRANK K  
Address: 650 S. NORTHLAKE BLVD.; SUITE 450  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby 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 all other like empowered.

SIGNATURE: SALVADOR F. LECCESE

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01/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date