

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045972

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: VANGUARD COMMERCIAL REALTY, INC.

## Current Principal Place of Business:

500 SHADOW LAKES BOULEVARD  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

500 SHADOW LAKES BOULEVARD  
LEASING OFFICE  
ORMOND BEACH, FL 32174 US

## Current Mailing Address:

P.O. BOX 4235  
ORMOND BEACH, FL 32175 US

## New Mailing Address:

FEI Number: 59-3194510      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELAHUNTY, TERENCE J JR  
111 N ORANGE AVE, STE 1800  
ORLANDO, FL 32802 US

## Name and Address of New Registered Agent:

REINERI, KAREN L  
500 SHADOW LAKES BOULEVARD  
LEASING OFFICE  
ORMOND BEACH, FL 32174 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: KAREN L REINERI

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VANDAGRIFF, SARAH D  
Address: P O BOX 4235  
City-St-Zip: ORMOND BEACH, FL 32175

Title: T ( ) Delete  
Name: REINERI, KAREN L  
Address: PO BOX 4235  
City-St-Zip: ORMOND BEACH, FL 32175

Title: S ( ) Delete  
Name: VANDAGRIFF, SARAH D  
Address: P. O. BOX 4235  
City-St-Zip: ORMOND BEACH, FL 32175 US

Title: VP ( ) Delete  
Name: WHIDDON, MARGARET D  
Address: P. O. BOX 204  
City-St-Zip: TALLAHASSEE, FL 32302 US

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

SIGNATURE: SARAH D VANDAGRIFF

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date