FILE NOW: FILING FEE IS \$61.25

TON PROFIT TONE RATION ANJUL PREPORT .



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortinm. *

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 712834

(1)

VILLAGER ASSOCIATION, OF MANATEE COUNTY.					
				<u> </u>	
Principal Plan	ce of Business	Mailing Address		-{	
·		Maning Address			
6021 ARLENE WAY 6021 ARLENE WAY BRADENTON FL 34207 BRADENTON FL 34207				3. Date Incorporated or Qualified	
I US	L Hair	BRADENTON FL 34207 US		05/26/1967	
		00		4. FEI Number	Applied For
!		· •		59-1221770	Not Applicable
_	lace of Business	2a. Malling Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	# alc	Suite, Apt. #, etc.	 	501C3	Fee Required
22	#, 6 10.	27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	le	City & State		7. Is this nonprofit corporation a hor	
23	-	28			Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid	
24	26	29	30	Personal Property Tax due June 3	30. 🗌 Yes 🔲 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	
			81 Name	McClenathen ecker and	Poliakoff
WALTER	rs, Clifford L.		82 Street Addre	ess (P.O. Box Number is Not Acceptable	9)
BLALOC	X, LANDERS ET AL		L630	0	•
	TH STREET WEST		83	Phone:	1-800-282-8613
BRADEN	NTON FL 34205		84 City		85 Zip Code
			Sara	asota, Fl 34326	
11. Pursuant office or r	to the provisions of Sections 617.050; realstered agent, or both_in-the State	2 and 617.1508, Florida Statuter of Florida, Such change was au	s, the above-named corporation	oration submits this statement for the pu on's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I a	im familiar with and accept the oblige	Middle of a Seption of 7-95030 Flor	ida Statutes.		1. 1.0
SIGNATURE				·	4/2/18
12. 5 D	COLOROS AND	O DIRECTORS	Registered Abort aboature recurre	ADDITIONS/CHANGES TO OFFICE	BS AND DIRECTORS IN 12
TITLE	P D President	DELETE	1.1 TITLE	TIDDITION OF THE OFFICE	Change Addition
NAME	MACNEALY, SHIPLEY	_	1.2 NAME		
STREET ADDRESS	6068 ARLENE WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		1.4 CITY - ST - ZIP		
TITLE	VP D Vice Presiden	DELETE	2.1 TITLE		Change Addition
NAME	HOAG, À E	L .	2.2 NAME		
STREET ADDRESS	6069 ARLENE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE			a charter of		
NAME		₹ DELETE	3.1 TITLE D	irector	Change Addition
STREET ADDRESS	}	Γ Ϫ DEΓE1E	0.4 10 104	irector Slenis Hurrel	Change Addition
		ſ Ż DETEJE	3.3 STREET ADDRESS	027 Lilli Way	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.3 STREET ADDRESS 6 3.4. CITY-ST-ZIP E		07
CITY-ST-ZIP TITLE	S Decretary	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	027 Lilli Way	
CITY-ST-ZIP TITLE NAME	PENCE, ELINOR	· · · · · · · · · · · · · · · · · · ·	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	027 Lilli Way	07
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PENCE, ELINOR 6008 LILLI WAY	· · · · · · · · · · · · · · · · · · ·	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	027 Lilli Way	07
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PENCE, ELINOR	☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	027 Lilli Way	07 Change Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I define certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _ Q.E. Hono VP AR HOAG

1-5-98 941-756-0235

FILED

Apr 07 1998 8:00am

Secretary of State