

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90322 035 ****61.25

DOCUMENT # 712834

1. Entity Name

VILLAGER ASSOCIATION, OF MANATEE COUNTY.



Principal Place of Business

6021 ARLENE WAY
BRADENTON FL 34207
US

Mailing Address

6021 ARLENE WAY
BRADENTON FL 34207
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1221770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, KEVIN
BECKER POLIAKOFF
630 ORANGE AVE
SARASOTA FL 34326

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PS TREA.**
NAME LEDESMA, CARMEN
STREET ADDRESS 6031 ARLENE WAY
CITY-ST-ZIP BRADENTON FL 34207
☐ Delete
☒ Change

TITLE **D**
NAME **Joyce Hartland**
STREET ADDRESS **6042 ARLENE WAY**
CITY-ST-ZIP **BRADENTON FL 34207**
☐ Change ☒ Addition

TITLE **SD**
NAME **BROADBENT, BRENDA**
STREET ADDRESS **6063 LILLI WAY**
CITY-ST-ZIP **BRADENTON FL 34207**
☒ Delete

TITLE **SEC.**
NAME **Rebecca Millican**
STREET ADDRESS **6007 LILLI WAY**
CITY-ST-ZIP **BRADENTON FL 34207**
☐ Change ☒ Addition

TITLE **D PRES.**
NAME **DONBERT-MONEL, LOIS**
STREET ADDRESS **6020 LILLI WAY**
CITY-ST-ZIP **BRADENTON FL 34207**
☐ Delete
☒ Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE **TD**
NAME **STEINKE, JACKIE**
STREET ADDRESS **6009 ARLENE WAY**
CITY-ST-ZIP **BRADENTON FL 34207**
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **VD. Vice PRES.**
NAME **BREAZEALE, BARBARA**
STREET ADDRESS **6005 LILLI WAY**
CITY-ST-ZIP **BRADENTON FL 34207**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **D**
NAME **OLEKAS, BARBARA**
STREET ADDRESS **6004 ARLENE WAY LILLI WAY**
CITY-ST-ZIP **BRADENTON FL 34207**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lois Donbert Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04
Date

Daytime Phone #