2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2005 8:00 am Secretary of State 08-02-2005 90029 015 ****61.25

DOCUMENT # 712834 1. Entity Name VILLAGER ASSOCIATION, OF MANATEE COUNTY.									0 <u>2</u> <u>2</u> 003 900.	25 013	01.2	
Principal Place of Business Mailing Address 6021 ARLENE WAY 6021 ARLENE WAY BRADENTON, FL 34207 US BRADENTON, FL 34207 US								 	50 Muon III III III) 05908 	6	n n M
2. Principal F	Place of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					07252005 Chg-NP CR2E037 (10/03)				
City & State				City & State				4. FEI Number 59-1221770	0		Not	lied For Applicable
Zip			<u></u>	Zip		ountry		5. Certificate of Sta	<u> </u>	\$8.75 Fee Re		ional
		e and Address of Current	l Hegisters	ed Agent		7. Name and Address of New Registered Agent Name						
BECKER I	POLIAKOI	FF.		Str			street Address (P.O. Box Number is Not Acceptable)					
630 ORANGE AVE SARASOTA, FL 34326												
						City		FL Zip Coc				
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 retristating) DATE												
Filling Fee is \$61.25 Due by September 7, 2005 9. Election Campaign Frust Fund Contribut							ם	\$5.00 May Se Added to Fees Make check payable to Florida Department of State				te
10. ITILE	ĪΤ	OFFICERS AND DI	RECTORS	☐ Delete	11. MLE		A	ADDITIONS/CHANGE	S TO OFFICERS	AND DIRECTO		
NAME STREET ADDRESS CITY-ST-ZIP	LEDESMA 6031 ARL	A, CARMEN LENÉ WAY TON, FL 34207		Li Deteto	NAME STREET						anys	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6042 ARL	ND, JOYCE LENE WAY TON, FL 34207		☐ Delete						□] Chi	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6020 LILL	T-MCNEIL, LOIS LI WAY TON, FL 34207		☐ Delete						□ ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6027 LILL	I, REBECCA J WAY TON, FL 34207		☐ Defete		í				□ Chi	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6005 LILL	ALE, BARBARA J WAY TON, FL 34207		□ Delete		1				Chi	ange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6004 LILL	BARBARA I WAY TON, FL 34207		Delete)				□ Ch	ange	Addition
12. Thereby certify that the information supplied with this filling 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: CHRMEN LEDEM 1/38/05 941 739 with the information indicated in the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the information indicated in the information indicated in the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in the inf												
SIGNAT	URE: _	SIGNATURE AND TYPED OR	PRINTED NAM	IE OF SIGHING OFFICER	OR DIRECT	GRANET.	<u> </u>	LEDGSMH	0ate //28/0	08ytime Ph	739	-(x) (2)