2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2005
Secretary of State

DOCUMENT# 735058

Entity Name: VGH ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 1444
BOYNTON BEACH, FL 334251444 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1444
BOYNTON BEACH, FL 334251444 US

New Mailing Address:

FEI Number: 59-1723906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APERAVICH, MARY
2860 SW 14 STREET #14
BOYNTON BEACH, FL 33426 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

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: BAND, CINDY
Address: 1440 S.W. 28TH AVE. #11
City-St-Zip: BOYNTON BEACH, FL 33426

Title: PDT ( ) Delete
Name: BARBEE, GEORGE
Address: 2540 SW 14 COURT
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T ( ) Delete
Name: APERA VICH, MARY
Address: 2860 S.W. 14TH ST., #14
City-St-Zip: BOYNTON BEACH, FL

Title: ST ( ) Delete
Name: FARR, DOUG
Address: 2540 SW 14 COURT STE 40
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SC ( ) Delete
Name: KIRBY, BARBARA
Address: 1400 SW 28TH AVE #1
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: LEFLER, BETH
Address: 2820 S.W. 14TH ST., #24
City-St-Zip: BOYNTON BEACH, FL 33426

Title: PDT (X) Change ( ) Addition
Name: MCCLURE, BERNADETT
Address: 2560 S.W. 14TH CT., #32
City-St-Zip: BOYNTON BEACH, FL 33426

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREASURER/MARY APERAVICH T 02/13/2005

Electronic Signature of Signing Officer or Director — Date