2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 735058

1. Entity Name
VGH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1444 BOYNTON BEACH, FL 33425-1444 US	P.O. BOX 1444 BOYNTON BEACH, FL 33425-1444 US

02072006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1723906
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LEFLER, BETH
STREET ADDRESS	2820 S.W. 14TH ST., #24
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	POT
NAME	MCCLURE, BERNADETT
STREET ADDRESS	2560 S.W. 14TH CT., #32
CITY-ST-ZIP	BOYNTON BEACH, FL 33428
TITLE	T
NAME	APERA VICH, MARY
STREET ADDRESS	2860 S.W. 14TH ST., #14
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	ST
NAME	FARR, DOUG
STREET ADDRESS	2540 SW 14 COURT STE 40
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	SC
NAME	KIRBY, BARBARA
STREET ADDRESS	1400 SW 28TH AVE #1
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000434425
02/25/06-80001-012 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 2/13/06 561-732-2045-ext
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #