2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBB)

FILED Apr 07, 2003 8:00 am Secretary of State

Entity Nam	MENT # 765634 VILLAGE HOMEOWNERS AS	04-07-2003 90723 024 ****61.25									
Principal Plac	e of Business	Mailing Add	ress								
POST OFFICE		-	OST OFFICE BOX 700434								
ST. CLOUD FL	_	ST. CLOUD FL 34770									
					1	t in the sense t		A181 41811 41811		11 (11) (14)	
2. Principal P	lace of Business	3. Mailing Ad	ddress								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State				4. FEI Number 5	9-2894470			oplied For at Applicable]
Zip	Country	Zip	Zip Cou						8.75 Additional ee Required		
	6. Name and Address of Curren	Registered Age	ent			7. Name and Ad	dress of New R	egistered Aç	ent		1
				Name							
BRUEGGEMANN, DAVID 2398 TEMPLE LN					Street Address (P.O. Box Number is Not Acceptable)						
	D FL 34769										7
				City					Zip Cod	е	4
								FL	1		
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											
	Signition, typed of prohed dama of registered agei	u and tille i unplicable.	(NOTE: Flee	istmeti Apart signatu	ura naquired v	when reinstating)		DATE			
FILE NOW: FEE IS \$61.25 9. Election Campaign Fin Trust Fund Contribution					cing S5.00 May Be Make Check Payable to Added to Fees Florida Department of State					to State	
10.	OFFICERS AND D	RECTORS		11.	Al	DDITIONS/CHANG	ES TO OFFICE	RS AND DIRE	CTORS IN	10	1
IffLE	S	, s	Detete	TITLE					Change	Xaddition	g
HAME	RAFFEN, JOYCE	, , , , , , , , , , , , , , , , , , ,	•	HAME	D MOOI	CIFFE			 · · ·	1.4	ğ
STREET ADDRESS	2030 CRYSTAL LANE		1	STREET ADDRESS			tivE				12
CHY-ST-ZIP	SAINT CLOUD FL 34769			CITY-SI-ZIP	ST. CI	LOUD, FL 34769					R
TIFLE	P		Oslete	TITLE	D				Change	Addition	CR2E037 (10/02
HAME	BRUEGGEMANN, DAVID		Į.	NAME	KUFAI	HL, VERN				•	
STREET ADDRESS	2368 TEMPLE LN		:	STREET ADDRESS	2420 ST C	DUD PL 34769					
City-St-7IP	SAINT CLOUD FL 34769			CITY-ST-ZIF						····	
TITLE	T		Defete .	THE				+	Change	Addition 🔲	
NAME	ROGERS, KAY			HAME							
STREET ADDRESS CHTY-ST-ZIP	2310 LAKOTA:LANE.			STREET ADDRESS	~						
	SAINT CLOUD FL 34769			CITY-SI-ZIP							1
TATLE NAME	VP	L.	Delete	TITLE				•	Change	Addition	
STREET ADDRESS	SHAUGER, ROY		ŀ	NAME STREET ADDRESS							1
CITY-ST-ZIP	1810 CACTUS			CITY-ST-ZIP							
	SAINT CLOUD FL 34769 D	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				-/		4
HTLE NAME	ARRUDA, KAREN	L.	Delete	TITLE NAME	S APPIII	DA, KAREN			Change	Addition	
STREET ADDRESS	2000 CRYSTAL LANE			STREET ADDRESS	2000	CRYSTAL LANE		·			
SITY-ST-ZIP	SAINT CLOUD FL 34769		1	CITY-ST-ZIP	ST. CL	OUD, FL 34769					
HE	D] Deleta						T Chross	I"I saussa	1
NAME	PRUITT, GLENDA	L.	1 001619	NAME				į	Change	Addition	
STREET ADORESS	1961 CRYSTAL LANE			STREET ADDRESS							
CITY-ST-ZIP	SAINT CLOUD FL 34769			CITY-ST-ZIP							
12. I horehvio	ertily that the information supplied wit	h this liting done	10t numbily for the	examplion state	ed in Sec	tion 119 07(2)va E	orida Statutae 1	further conif	that the i-	dormation	ł
indicated	on this report or supplemental report	s true and accura	ite and that my si	oreiripiion siali Qnature shall ha	ave the sa	ame legal effect as	if made under d	ath: that I an	y irrai 1199 If i an officer	or director	1

of the corporation of the receiver of 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 changer, or on an attachment with yelladdress, with all other like empowered.

2003 NOT-FOR-PROFIT CORPORATION Affachment

i. Enuty Nam	MENT # 765634 VILLAGE HOMEOWNERS AS	SOCIATION, INC.		S C C C C C C C C C C C C C C C C C C C			`			
Principal Place of Business POST OFFICE BOX 700 434 ST. CLOUD FL 34770		Mailing Address POST OFFICE BOX 700434 ST. CLOUD FL 34770	The state of the s	90074727						
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State		City & State		4. FEI Number 59-2894470		_ 	oplied For			
Zip	Country	Zip	Country	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						
		المحمدين المراسو المرادي الما	Name.	Name						
BRUEGGEMANN, DAVID 2398 TEMPLE LN			Street Address (P.O. Box Number is Not Acceptable)							
ST CLOU	ID FL 34769		Cib			Zip Code				
			City		FL	Zip Code	э			
SIGNATURE .	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	and title if applicable (NOTE: f		\$5.00 May Be Added to Fees	Make Check Florida Departi					
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR	ECTORS IN	10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAFFEN, JOYCE 2030 CRYSTAL LANE SAINT CLOUD FL 34769	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUEGGEMANN, DAVID 2368 TEMPLE LN SAINT CLOUD FL 34769	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROGERS, KAY 2310 LAKOTA LANE SAINT CLOUD FL 34769	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAUGER, ROY 1810 CACTUS SAINT CLOUD FL 34769	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARRUDA, KAREN 2000 CRYSTAL LANE SAINT CLOUD FL 34769	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRUITT, GLENDA 1961 CRYSTAL LANE SAINT CLOUD FL 34769	☐ 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:

SIGNATURE REQUIRED