FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:24

DOCUMENT # 770871 (2)

1. Corporation Name
VILLAGE DRIVE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1701 MOODY BLVD. POST OFFICE BOX 1948 FLGLER BEACH FL 32136-4405	1701 MOODY BLVD. POST OFFICE BOX 1948 FLGLER BEACH FL 32136-4405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

3. Date Incorporated or Qualified: 10/21/1983
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2859414 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHIUMENTO, MICHAEL D. 326 MOODY. BLVD. FLGLER BEACH FL 32036	81 Name: Tance Roberts 82 Street Address (P.O. Box Number is Not Acceptable): 303 E. Moody Blvd 83 84 City: Bunnell, FL 85 Zip Code: 32110

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Tance E. Roberts — 5/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☐ Change ☐ Addition
NAME	KING, CHARLES	12 NAME	Michael Fonte
STREET ADDRESS	51 VILLAGE DR	13 STREET ADDRESS	28 Clinton Court S.
CITY-ST-ZIP	FLGLER BEACH FL	14 CITY-ST-ZIP	Palm Coast, Fl 32137
TITLE	VD	21 TITLE	VD ☐ Change ☐ Addition
NAME	WILSON, BARBARA	22 NAME	John Jones
STREET ADDRESS	P.O. BOX 1058, 63 VILLAGE DRIVE	23 STREET ADDRESS	4 Fleetwood Dr.
CITY-ST-ZIP	FLGLER BEACH FL	24 CITY-ST-ZIP	Palm Coast, Fl 32137
TITLE	D	31 TITLE	S/T/C ☐ Change ☐ Addition
NAME	ROBERTS, WILLIAM	32 NAME	William Roberts
STREET ADDRESS	8 FISCHER LN	33 STREET ADDRESS	8 Fischer Ln
CITY-ST-ZIP	PALM COAST FL	34 CITY-ST-ZIP	Palm Coast, Fl 32137
TITLE	T	41 TITLE	D ☐ Change ☐ Addition
NAME	KAPCZYNSKI, JOE	42 NAME	Charles King
STREET ADDRESS	44 SEA VISTA DR.	43 STREET ADDRESS	51 Village Dr.
CITY-ST-ZIP	PALM COAST FL	44 CITY-ST-ZIP	Flagler Beach, Fl 32136
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	VANGRONAGEN, LEANNE	52 NAME	Joan Carr
STREET ADDRESS	2221 HIGH RIDGE PKWY	53 STREET ADDRESS	1 Village Dr.
CITY-ST-ZIP	HILLSIDE IL	54 CITY-ST-ZIP	Flagler Beach, Fl 32137
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS	**REMITTED BY MAY 1**	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Roberts — 5/16/95 — (904) 445-4765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William L. Roberts

023081