

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **770871** (2)

1. Corporation Name

VILLAGE DRIVE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**60 FOREST ROAD
POST OFFICE BOX 1946
FLLER BEACH FL 32136-4405**

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POST OFFICE BOX 1946
FLLER BEACH FL 32136-4405**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1983		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-2859414		☐ Applied For ☐ Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

**ROBERTS, TANCE
303 E MOODY BLVD
BUNNELL FL 32110**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FORTE, MICHAEL	1.2 NAME	
STREET ADDRESS	28 CLINTON CT S	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JOHN	2.2 NAME	
STREET ADDRESS	4 FLEETWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	
TITLE	STC	3.1 TITLE	☒ Change ☐ Addition
NAME	ROBERTS, WILLIAM	3.2 NAME	
STREET ADDRESS	8 FISCHER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	KING, CAHRES	4.2 NAME	
STREET ADDRESS	51 VILLAGE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLLER BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CARR, JOAN	5.2 NAME	
STREET ADDRESS	1 VILLAGE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLLER BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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:

Michael Forte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/96
DATE

Daytime Phone #

CR2E037 (12/95)