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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770871 (2)

1. Corporation Name

VILLAGE DRIVE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 40 FOREST ROAD

26 40 FOREST ROAD

22 POST OFFICE BOX 1946

27 POST OFFICE BOX 1946

23 FLAGLER BEACH FL

28 FLAGLER BEACH FL

24 32136-4405

29 32136-4405

25 FLAGLER

30 FLAGLER

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/21/1983

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCO ☐ DELETE

NAME MAISCH, ROSEMARY
STREET ADDRESS 10 VILLAGE DR
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE VO ☐ DELETE

NAME HAWKINS, EDDIE
STREET ADDRESS 3 VILLAGE DR
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE TD ☐ DELETE

NAME KING, CHARLES V
STREET ADDRESS 51 VILLAGE DR
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE SD ☐ DELETE

NAME LORRAINE KAPCZYNSKI
STREET ADDRESS 44 SEA VISTA DRIVE
CITY-ST-ZIP PALM COAST FL

TITLE D ☐ DELETE

NAME MARESCA, LOUIS G
STREET ADDRESS 8 VILLAGE DR
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PC/D ☐ Change ☐ Addition

1.2 NAME ROSEMARIE MAISCH
1.3 STREET ADDRESS 10 VILLAGE DRIVE
1.4 CITY-ST-ZIP FLAGLER BEACH FL 32136

2.1 TITLE VP/D ☐ Change ☐ Addition

2.2 NAME EDDIE HAWKINS
2.3 STREET ADDRESS 3 VILLAGE DRIVE
2.4 CITY-ST-ZIP FLAGLER BEACH FL 32136

3.1 TITLE TD ☐ Change ☐ Addition

3.2 NAME CHARLES V. KING
3.3 STREET ADDRESS 51 VILLAGE DRIVE
3.4 CITY-ST-ZIP FLAGLER BEACH FL 32136

4.1 TITLE SD ☐ Change ☐ Addition

4.2 NAME LORRAINE KAPCZYNSKI
4.3 STREET ADDRESS 44 SEA VISTA DRIVE
4.4 CITY-ST-ZIP PALM COAST FL 32137

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME LOUIS G. MARESCA
5.3 STREET ADDRESS 8 VILLAGE DRIVE
5.4 CITY-ST-ZIP FLAGLER BEACH FL 32136

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, on an attachment with an address.

SIGNATURE:

Rosemary Maisch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-98

439-3285

CR2E037 (10/97)