2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90141 033 ****61.25

DOCUMENT # 770871

1. Entity Name

VILLAGE DRIVE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
40 FOREST RD P O BOX 1946 FLGLER BEACH FL 32136-4405 US	40 FROST ROAD P O BOX 1946 FLAGLER BEACH FL 32136-1946 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2859414 ☐ Applied For ☐ Not Applicable

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
BAYER, DENNIS K 306 S. OCEANSHORE BLVD FLGLER BEACH FL 32136	Name: CHARLES V. KING Street Address (P.O. Box Number is Not Acceptable): 51 VILLAGE DRIVE City: FLAGLER BEACH **FL** Zip Code: 32136

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.

SIGNATURE Charles V. King 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD KAPCZYNSKI, LORRAINE 44 SEA VISTA DR PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD WHALEN, ANGELA 14 FANWOOD CT. PALM COAST,FL 32137	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CORL, LORI 73 VILLIAGE DR FLGLER BEACH FL 32136	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KING, CHARLES V. 51 VILLAGE DRIVE FLAGLER BEACH, FL 32136	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KING, CHARLES V 51 VILLAGE DR FLGLER BEACH FL 32136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAPCZYNSKI, JOSEPH 44 SEA VISTA DRIVE PALM COAST, FL 32137	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WHALEN, ANGELA 14 FANWOOD CT PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KAPCZYNSKI, LORRAINE 44 SEA VISTA DRIVE PALM COAST, FL 32137	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARESCA, LOUIS G 8 VILLAGE DR FLGLER BEACH FL 32136	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORL, DOUGLAS 73 VILLAGE DRIVE FLAGLER BEACH, FL 32136	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KING, CHARLES V 51 VILLAGE DR FLGLER BEACH FL 32136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Lorraine Kapczynski Lorraine Kapczynski 4/26/00 (904)446-2985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #