2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90027 050 ****61.25

0009392

DOCUMENT # 770871

1. Entity Name

VILLAGE DRIVE OWNERS ASSOCIATION, INC.

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

531UUE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. BOX 1946
City & State	City & State FLAGLER BEACH
Zip / Country	Zip 32136-4405 / Country US.

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
KING, CHARLES V 51 VILLAGE DR. FLAGLER BEACH FL 32136	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	SD KAPCZYNSKI, LORRAINE 44 SEA VISTA DR PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KING, CHARLES V 51 VILLAGE DR FLAGLER BEACH FL 32136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KING, CHARLES V 51 VILLAGE DR FLAGLER BEACH FL 32136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KAPCZYNSKI, JOSEPH 44 SEA VISTA DR. PALM COAST, FL 32137 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD WHALEN, ANGELA 14 FANWOOD CT PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORL, DOUGLAS 73 VILLAGE DR FLAGLER BEACH FL 32136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAISCH, ROSEMARIE 10 VILLAGE DR FLAGLER BEACH, FL 32136 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KING, CHARLES V 51 VILLAGE DR FLAGLER BEACH FL 32136	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Angela Whalen ANGELA WHALEN 4/7/2001 (386)447-1983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #