

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90229 037 ****61.25

DOCUMENT # 770871

1. Entity Name
VILLAGE DRIVE OWNERS ASSOCIATION, INC.



Principal Place of Business

**40 FOREST RD
P O BOX 1946
FLAGLER BEACH FL 32136-4405
US**

Mailing Address

**40 FOREST RD
P O BOX 1946
FLAGLER BEACH FL 32136-4405
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *CHARLES V. KING*

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

Charles V. King

(NOTE: Registered Agent signature required when reinstating)

4/15/2003

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **KAPCZYNSKI, LORRAINE**
STREET ADDRESS **44 SEA VISTA DR**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **B.D. LORRAINE KAPCZYNSKI** ☒ Change ☐ Addition
NAME **LORRAINE KAPCZYNSKI**
STREET ADDRESS **44 SEA VISTA DR.**
CITY-ST-ZIP **PALM COAST FL 32136**

TITLE **VD** ☐ Delete
NAME **KING, CHARLES V**
STREET ADDRESS **51 VILLAGE DR**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **T.D. CHARLES V. KING** ☐ Change ☐ Addition
NAME **CHARLES V. KING**
STREET ADDRESS **51 VILLAGE DR.**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **TD** ☐ Delete
NAME **KAPCZYNSKI, JOSEPH**
STREET ADDRESS **44 SEA VISTA DR**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **P.C.D. CYNTHIA BASSETT** ☐ Change ☐ Addition
NAME **CYNTHIA BASSETT**
STREET ADDRESS **1012 MOODY BLVD.**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **PCD** ☐ Delete
NAME **WHALEN, ANGELA**
STREET ADDRESS **14 FANWOOD CT**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **V.D. KIM S. JOHNSON** ☐ Change ☐ Addition
NAME **KIM S. JOHNSON**
STREET ADDRESS **2215 SOUTH CENTRAL AVENUE**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **D** ☐ Delete
NAME **MAISCH, ROSEMARIE**
STREET ADDRESS **10 VILLAGE DR**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **D. CHRISTINE PETOK** ☐ Change ☐ Addition
NAME **CHRISTINE PETOK**
STREET ADDRESS **57 VILLAGE DR.**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Charles V. King* **CHARLES V. KING 4/16/2003 4394377**

CR2E037 (10/02)