## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000005155

FILED Mar 23, 2006 Secretary of State

Entity Name: VIRGINIA CROSSING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 **Current Mailing Address: New Mailing Address:** 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 FEI Number: 59-3534571 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition TRETTAU, JANET TRETTAU, JANET Name: Name: 1162 DIXON COURT Address: 917 MICHELE CIRCLE Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: ( ) Delete Title: SD (X) Change ( ) Addition WAHL, JIM Name: WAHL, JIM Name: Address: 1162 DIXON COURT Address: 1162 DIXON COURT City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: () Change () Addition CONWAY, PAUL L Name: Name: 1153 DIXON COURT Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: SD () Delete Title: PD (X) Change ( ) Addition Name: GUZIK, JOHANNA Name: GUZIK, JOHANNA 825 PEGGY RAY DRIVE Address: Address: 825 PEGGY RAY DRIVE City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: () Delete Title: () Change () Addition ACTON, KENNETH Name: Name: 867 MICHELE CIRCLE Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition HOFFMAN, ROBERT Name: Name: Address: 824 PEGGY RAY DRIVE Address: DUNEDIN, FL 34698 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHANNA GUZIK PD 03/23/2006