

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002826

FILED
Apr 29, 2007
Secretary of State

Entity Name: VILLAGES OF ST. MARKS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3663031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: MEEKS, JIMMY
Address: 1505 CAPITALCIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP () Delete
Name: WILSON, JEFF
Address: 308 MCDANIEL STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete
Name: CASEY, LARRY
Address: P.O. BOX 826
City-St-Zip: WACISSA, FL 32361

Title: DT () Delete
Name: PICHARD, KEVIN
Address: 2956 WOODRICH DRIVE, APT A
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: GAGLIARDI, RON
Address: P.O. BOX 74
City-St-Zip: ST. MARKS, FL 32355

Title: D () Delete
Name: JOHNSON, TOMMY
Address: P.O. BOX 776
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BUNKER, CLEMENTINE
Address: 38 BURNTPINE LOOP
City-St-Zip: ST MARKS FL 32355, FL 32355

Title: DVP (X) Change () Addition
Name: BUDA, STACEY
Address: 58 BURNTPINE LOOP
City-St-Zip: ST MARKS FL 32355, FL 32355

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN PICHARD

DP

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date