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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90063 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712834

1. Corporation Name

VILLAGER ASSOCIATION, OF MANATEE COUNTY.

3 6 8 5 7 *
 364057-90194-26

Principal Place of Business

6021 ARLENE WAY
 BRADENTON FL 34207
 US

Mailing Address

6021 ARLENE WAY
 BRADENTON FL 34207
 US



21	2. Principal Place of Business	2a.	2a. Mailing Address	3.	Date incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		59-1221770	Not Applicable
23	Zip	28	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country			
		30		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**McCLENATHEN, C.
 BECKER AND POLIAKOFF
 630 ORANGE AVE
 SARASOTA FL 34326**

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice PR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACNEALY, SHIRLEY	1.2 NAME	CLARENCE SQUIBB
STREET ADDRESS	6068 ARLENE WAY	1.3 STREET ADDRESS	6042 LILLI WAY
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	Pres. <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOAG, A E	2.2 NAME	BAIRD, Norman
STREET ADDRESS	6069 ARLENE WAY	2.3 STREET ADDRESS	6052 Arlene Way
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	Bradenton, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	HURPEL, GLENIS	3.2 NAME	
STREET ADDRESS	6027 LILLI WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	PENCE, ELINOR	4.2 NAME	
STREET ADDRESS	6008 LILLI WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WEISS, BEATRICE	5.2 NAME	
STREET ADDRESS	6054 LILLI WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	5.4 CITY-ST-ZIP	
TITLE	Sec. <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	Jose Rocco Valdez	6.2 NAME	
STREET ADDRESS	6075 ARLENE WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34207	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

3-18-99

941-756-0235

CRZE037 (11/98)