


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90238 009 ****61.25

DOCUMENT # 712834

1. Entity Name
 VILLAGER ASSOCIATION, OF MANATEE COUNTY.



Principal Place of Business
 6021 ARLENE WAY
 BRADENTON, FL 34207 US

Mailing Address
 6021 ARLENE WAY
 BRADENTON, FL 34207 US



01302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1221770

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, KEVIN
 BECKER POLIAKOFF
 630 ORANGE AVE
 SARASOTA, FL 34326

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	LEDESMA, CARMEN
STREET ADDRESS	6031 ARLENE WAY
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	V.P.
NAME	HARTLAND, JOYCE
STREET ADDRESS	6042 ARLENE WAY
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	P-SECRETARY
NAME	DONBERT-MCNEIL, LOIS MARTHA CLOUSER
STREET ADDRESS	6020 LILLI WAY 6022 LILLI WAY
CITY-ST-ZIP	BRADENTON, FL 34207 BRADENTON, FL 34207
TITLE	TREASURER
NAME	MILLIGAN, REBECCA NANCI DAVIS
STREET ADDRESS	6027 LILLI WAY 6029 ARLENE WAY
CITY-ST-ZIP	BRADENTON, FL 34207 BRADENTON, FL 34207
TITLE	DIRECTOR
NAME	BREAZALE, BARBARA LYNDA DAVIS
STREET ADDRESS	6005 LILLI WAY 6027 ARLENE WAY
CITY-ST-ZIP	BRADENTON, FL 34207 BRADENTON, FL 34207
TITLE	DIRECTOR
NAME	OLEKAS, BARBARA PAT PRYOR
STREET ADDRESS	6004 LILLI WAY 6052 LILLI WAY
CITY-ST-ZIP	BRADENTON, FL 34207 BRADENTON, FL 34207

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carmen Ledesma* - **CARMEN LEDESMA, PRES.** 4/5/2007 941 738-6093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #