


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90062 014 \*\*\*\*61.25

DOCUMENT # 712834 1. Entity Name VILLAGER ASSOCIATION, OF MANATEE COUNTY.	
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Principal Place of Business 6021 ARLENE WAY BRADENTON, FL 34207 US	Mailing Address 6021 ARLENE WAY BRADENTON, FL 34207 US
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**DO NOT WRITE IN THIS SPACE**



03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1221770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEDESMA, CARMEN 6031 ARLENE WAY BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARTLAND, JOYCE 6042 ARLENE WAY BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CLOUSER, MARTHA 6022 LILLI WAY BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVIS, NANCI 6029 ARLENE WAY BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, LYNDIA 6027 ARLENE WAY BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PRYOR, PAT 6052 LILLI WAY 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: C. Ledesma - C. LEDESMA MARCH 13, 2008 941 739-6093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #