

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

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90053 035 \*\*\*\*61.25

**DOCUMENT # 721709**

1. Entity Name  
VILLAGE PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
3555 HISPANIA PL.  
SARASOTA, FL 34232

Mailing Address  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202



03272008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-1685037

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ADVANCED MANAGEMENT OF SW FL, INC  
9031 TOWN CENTER PKWY  
BRADENTON, FL 34202

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	VD LANG, DALE S 3644 HISPANIA PL 321 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEITZEL, PHIL 3856 EL POINIER CT, # 8705 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WISE, JEAN 3654 HISPANIA PLACE 323 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACHAON, ARMANDO 3424 EL RADO CT 8413 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURDOCH, OLEN 3609 HISPANIA PL, # 8502 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILSON, DOUGLAS E 9031 TOWN CENTER PKWY BRADENTON, FL 34202

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/08

941-359-1134