

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90003 037 \*\*\*\*61.25

<b>DOCUMENT # 723397</b> 1. Entity Name <b>VANGUARD VILLAGE IN THE MAINLANDS COMMUNITY TWO ASSOCIATION, INC.</b>					
Principal Place of Business <b>V.V. COM. 2 ASSN. INC. 6900 N.W. 77TH STREET TAMARAC, FL 33321-5242 US</b>			Mailing Address <b>V.V. COM. 2 ASSN. INC. 6900 N.W. 77TH STREET TAMARAC, FL 33321-5242 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BALL, DEBORAH 7210 N W 77TH ST TAMARAC, FL 33321</b>				Name <b>John MacLeod</b> Street Address (P.O. Box Number is Not Acceptable) <b>7604 NW 73rd Ave</b>  City <b>TAMARAC</b> FL <b>33321</b>	
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 <span style="float: right;">8/10/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOST, CAROL		NAME	John MacLeod	
STREET ADDRESS	7104 NW 76 DR		STREET ADDRESS	7604 NW 73rd Ave	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIAVETTA, IRENE		NAME	Elias Patellis	
STREET ADDRESS	7615 NW 66 TERRACE		STREET ADDRESS	7102 NW 76th Ct	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	RS	<input checked="" type="checkbox"/> Delete	TITLE	RS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, NORMA		NAME	Badura, Theresa	
STREET ADDRESS	7207 NW 77TH ST		STREET ADDRESS	7611 NW 72nd Terr	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	CS	<input checked="" type="checkbox"/> Delete	TITLE	CS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKOFF, NORMA		NAME	Kuhn, Marcia	
STREET ADDRESS	7202 NW 76 DR		STREET ADDRESS	7601 NW 77th St	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	BRINSON, LOIS		NAME		
STREET ADDRESS	7611 NW 67 AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFALL, ANN		NAME	Lagene Sinclair	
STREET ADDRESS	7614 NW 67 AVE		STREET ADDRESS	7617 NW 67th Ct	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
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:			TREASURER <span style="float: right;">8/10/06 954-724-4460</span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		