2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 04, 2007 8:00 am
Secretary of State
09-04-2007 90040 042 ****70.00

DOCUMENT # 723397

1. Entity Name

VANGUARD VILLAGE IN THE MAINLANDS COMMUNITY TWO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
V.V. COM. 2 ASSN. INC. 6900 N.W. 77TH STREET TAMARAC FL 33321-5242 US	V.V. COM. 2 ASSN. INC. 6900 N.W. 77TH STREET TAMARAC FL 33321-5242 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7281250 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACLEOD, JOHN 7604 NW 73RD AVE TAMARAC FL 33321	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MACLEOD, JOHN 7604 NW 73RD AVE TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAGENE SINCLAIR 7617 N.W. 67 AVE TAMARAC, FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PATELLIS, ELIAS 7102 NW 76TH CT TAMARAC FL 33321	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bobby Kuhn 7001 NW 77TH ST Tamarac, FL 33321	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS BADURA, THERESA 7611 NW 72ND TERR TAMARAC FL 33321	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Monica Cianciosa 7616 NW 68TH Avenue Tamarac, FL 33321	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS KUHN, MARCIA 7001 NW 77TH ST. TAMARAC FL 33321	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lois Geyer 7609 NW 72ND Terrace Tamarac, FL 3332	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRINSON, LOIS 7611 NW 67 AVE TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARY SINCLAIR 7211 N.W. 76 CT. TAMARAC, FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SINCLAIR, LAGENE 7617 NW 67TH CT. TAMARAC FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN MANTESTA 7614 N.W. 72 TERR TAMARAC, FL 33321	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #