FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:46

DOCUMENT # 725802 (3)

1. Corporation Name

THE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4000 WOODFERN DRIVE ORLANDO FL 32839-7551	4000 WOODFERN DRIVE ORLANDO FL 32839-7551

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1973
3a. Date of Last Report: 04/25/1994
4. FEI Number: 58-1285110 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WARREN, DOUGLAS R. (deceased)
1350 WOODCREST BLVD.
KISSIMMEE FL 32743

10. Name and Address of New Registered Agent

01 Name: Don T Kent
02 Street Address (P.O. Box Number is Not Acceptable): 4016 Dolomite
03
04 City: Orlando FL 05 Zip Code: 32839

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Don T. Kent DON T. KENT 4-5-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	SHANK, MARY	1.2 NAME		
STREET ADDRESS	4005 DOLOMITE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	President	☒ Change ☐ Addition
NAME	KENT, DON T.	2.2 NAME		
STREET ADDRESS	4016 DOLOMITE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	SPERRY, KARYN	3.2 NAME		
STREET ADDRESS	4023 WOODFERN	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAPELLE, GERRY	4.2 NAME		
STREET ADDRESS	3904 CRAYRICH CIR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	READSHAW, HARRY	5.2 NAME		
STREET ADDRESS	3990 CRAYRICH CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, ROBERT	6.2 NAME		
STREET ADDRESS	3908 CRAYRICH CIR	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don T. Kent DON T. KENT 4-5-95 384-4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0034782