

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

03/12/1973

3a. Date of Last Report

04/11/1995

4. FEI Number

58-1285110

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KENT, DON T.
4016 DOLOMITE
ORLANDO FL 32839**

10. Name and Address of New Registered Agent

81 Name

Kenneth R. Whitehead

82 Street Address (P.O. Box Number is Not Acceptable)

4007 Dolomite

83

84 City

Orlando

FL

85 Zip Code

32839

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kenneth R. Whitehead

April 5, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHANK, MARY	
STREET ADDRESS	4005 DOLOMITE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KENT, DON T.	
STREET ADDRESS	4016 DOLOMITE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SPERRY, KARYN	
STREET ADDRESS	4023 WOODFERN	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAPELLE, GERRY	
STREET ADDRESS	3904 CRAYRICH CIR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	READSHAW, HARRY	
STREET ADDRESS	3990 CRAYRICH CIR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUCKER, ROBERT	
STREET ADDRESS	3908 CRAYRICH CIR	
CITY - ST - ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Director
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	Kenneth R. Whitehead
2.4 CITY - ST - ZIP	4007 Dolomite
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Orlando, FL 32839
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	Lisa M. Jones
4.4 CITY - ST - ZIP	4011 Dolomite
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Orlando, FL 32839
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

Kenneth R. Whitehead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth R. Whitehead

4/5/1996

Date

407/246-8443

Daytime Phone #

843-2653

CR2E037 (12/95)