


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725802 (3)

1. Corporation Name
THE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4000 WOODFERN DRIVE ORLANDO FL 32839-7551	Mailing Address 4000 WOODFERN DRIVE ORLANDO FL 32839-7551
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/12/1973		3a. Date of Last Report 04/22/1996	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 58-1285110		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
23. Zip	28. Zip	Country		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Zip	Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITEHEAD, KENNETH R. 4007 DOLOMITE ORLANDO FL 32839				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITEHEAD, KENNETH R.			2.2 NAME			
STREET ADDRESS	4007 DOLOMITE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, LISA M.			4.2 NAME	DIXON, DARLENE		
STREET ADDRESS	40011 DOLOMITE			4.3 STREET ADDRESS	1810 Warringwood Drive		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	Orlando, FL 32839		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	READSHAW, HARRY			5.2 NAME	NEYHOUSE, ROSE MARIE		
STREET ADDRESS	3990 CRAYRICH CIR			5.3 STREET ADDRESS	3950 Crayrich Circle		
CITY-ST-ZIP	ORLANDO FL			5.4 CITY-ST-ZIP	Orlando, FL 32839		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TUCKER, ROBERT			6.2 NAME	SCOTT, DON		
STREET ADDRESS	3908 CRAYRICH CIR			6.3 STREET ADDRESS	4011 Dolomite		
CITY-ST-ZIP	ORLANDO FL			6.4 CITY-ST-ZIP	Orlando, FL 32839		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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.

CR2E037 (9/96)