

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90072 011 ****61.25

0018445

DOCUMENT # 725802

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/12/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1285110	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCOTT, DON E 4011 DOLOMITE ORLANDO FL 32839				81	Name Scott, Phyllis		
				82	Street Address (P.O. Box Number is Not Acceptable) 4011 Dolomite		
				83	Orlando,		
				84	City	85	Zip Code FL 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: *Phyllis Scott, President* DATE: **March 16, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input 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	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, KENNETH R.	2.2 NAME	Whitehead, Patricia
STREET ADDRESS	4007 DOLOMITE	2.3 STREET ADDRESS	4007 Dolomite
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32839
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer <input checked="" 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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, DARLENE	4.2 NAME	
STREET ADDRESS	1810 WARRINGWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEYHOUSE, ROSE MARIE	5.2 NAME	Hendrix, R. Walter
STREET ADDRESS	3950 CRAYRICH CR	5.3 STREET ADDRESS	3912 Crayrich Circle
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32839
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Phyllis Scott* SIGNATURE REQUIRED: *Phyllis Scott* 3/16/99 407-843-2653
DATE Daytime Phone #

CR2E037 (11/98)