

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90004 040 ****61.25

DOCUMENT # 725802

1. Entity 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

949340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1285110

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCOTT, PHYLLIS
4011 DOLOMITE
ORLANDO FL 32839

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HOLLAND, ALLEN
STREET ADDRESS PO BOX 2892
CITY-ST-ZIP ORLANDO FL 32802

TITLE SCOTT, Don ☐ Change ☒ Addition
NAME 4011 Dolomite
STREET ADDRESS Orlando, FL 32839
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME WHITEHEAD, PATRICIA
STREET ADDRESS 4007 DOLOMITE
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MORENO, MARIO
STREET ADDRESS 1806 WARRINGWOOD DR
CITY-ST-ZIP ORLANDO FL 32839

TITLE JOCHIM, Marsha L. ☐ Change ☒ Addition
NAME 200 Maitland Avenue #101
STREET ADDRESS Altamonte Springs, FL 32701
CITY-ST-ZIP

TITLE S ☐ Delete
NAME STUART, JAMES
STREET ADDRESS 3910 CRAYRICH CIRCLE
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WALTER, HENDRIX R
STREET ADDRESS 3912 CRAYRICH CIRCLE
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SCOTT, PHYLLIS
STREET ADDRESS 4011 DOLOMITE
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 #

CR2E037 (10/00)