

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90236 044 \*\*\*\*61.25

**DOCUMENT # 725802**

1. Entity Name

**THE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4000 Woodfern Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**4000 Woodfern Drive**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Orlando, FL**

City & State

**Orlando, FL 32714**

4. FEI Number

**58-1285110**

Applied For

Not Applicable

Zip  
**32714**

Country  
**USA**

Zip

**32714**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Margo A. Pfauter**

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

**225 S. Westmonte Drive #2050**

City

**Altamonte Springs,**

**FL**

Zip Code

**32714**

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$81.25  
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Holland, Allen P.O. Box 2892 Orlando, FL 32802	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Wilich 3936 Crayrich Circle Orlando, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Whitehead, Patricia 4007 Dolomite Orlando, FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jochim, Marsha 200 Maitland Ave #101 Altamonte Springs, FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Hendrix, Walter 3912 Crayrich Circle Orlando, FL 32839	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gonzalez, Carlos P.O. Box 451082 Kissimmee, FL 32745	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lantz, Ed 3958 Crayrich Orlando, FL 32839	TITLE 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 on an attachment with an address with all other like empowered.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-3-02**

**407-376-3188**

CR2E037B (12/01)