



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90025 035 \*\*\*\*61.25

<b>DOCUMENT # 725802</b> 1. Entity Name <b>THE VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4000 WOODFERN DRIVE ORLANDO, FL 32714</b>				Mailing Address <b>4000 WOODFERN DRIVE ORLANDO, FL 32714</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>4004 Edgewater Dr.</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>Orlando FL</b> Zip <b>32804</b>		4. FEI Number <b>58-1285110</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01152004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>TUCKER, ANN W 4000 WOODFERN DR. ORLANDO, FL 32839</b>				7. Name and Address of New Registered Agent Name <b>Asset Real Estate Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>4004 Edgewater Drive</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32804</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Mary Rivera</u> <u>Mary Rivera</u> <u>2/4/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, FRANCIS J 741 CITRUS COVE DR. WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CRUZ, Gilberto 2720 Spivey Lane ORLANDO, FL 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITEHEAD, PATRICIA 4007 DOLOMITE ORLANDO, FL 32839	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP/D Burkett, Marie 4006 Woodfern Dr. Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, WAYNE A 4925 REGIS CT. ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fischer, Joseph 3920 Crayrich Circle Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, JAMES 3910 CRAYRICH CIRCLE ORLANDO, FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D O'Rourke, Debra 3916 Crayrich Circle Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, ROBERT 537 ARTESIA ST. OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Osbourne, Rhonda 4013 Dolomite Street Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUCKER, ANN W 3908 CRAYRICH CIR. ORLANDO, FL 32839	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Barrows, Shannon 3992 Crayrich Circle Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Shannon Barrows</u> <u>Shannon Barrows</u> <u>3/13/2004</u> <u>4072999009</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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