

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90301 014 \*\*\*\*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>4004 EDGEWATER DR ORLANDO, FL 32804</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312005    Chg-NP    CR2E037 (10/03)	
4. FEI Number <b>58-1285110</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ASSET REAL ESTATE INC 4004 EDGEWATER DRIVE ORLANDO, FL 32804</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <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, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUZ, GILBERTO		NAME	Hendrix, Walt	
STREET ADDRESS	2720 SPIVEY LANE		STREET ADDRESS	3991 Crayrich Cir	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	Orlando FL 32839	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETT, MARIE		NAME	Burkett, Marie	
STREET ADDRESS	4006 WOODFERN DR		STREET ADDRESS	3213 Curtis Dr.	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Apopka FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRSCHER, JOSEPH		NAME	Osborne, Rhonda	
STREET ADDRESS	3920 CRAYRICH CIRCLE		STREET ADDRESS	4013 Dolomite St	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Orlando FL 32839	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUART, JAMES		NAME	Stuart, James	
STREET ADDRESS	3910 CRAYRICH CIRCLE		STREET ADDRESS	James Stuart	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'ROURKE, DEBRIA		NAME	Webb, Jacqueline	
STREET ADDRESS	3916 CRAYRICH CIRCLE		STREET ADDRESS	925 S. Penning Dr.	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Winter Park FL 32789	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARROWS, SHANNON		NAME	Cook, Francis J.	
STREET ADDRESS	3992 CRAYRICH CIRCLE		STREET ADDRESS	741 Citrus Cove Drive	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	Winter Garden FL 34787	
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.					
<b>SIGNATURE:</b> <i>Francis J. Cook</i> <b>Francis J. Cook</b> 4/13/2005 (407) 299-9009					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    *Date    Daytime Phone #</small>					