

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 725802

1. Entity Name

THE VILLAGE CONDOMINIUM ASSOCIATION, INC.



FILED

08 JUN 12 PM 1:17

SECRET
TALLAHASSEE, FLORIDA



Principal Place of Business
4000 WOODFERN DRIVE
ORLANDO FL 32839

Mailing Address
4000 WOODFERN DRIVE
ORLANDO FL 32839

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
4000 Woodfern Drive
Suite, Apt. #, etc.

2nd MOORE CR2E037 (4/08)

City & State
Orlando
Zip
32839

Country
Orange

City & State
Orlando, Florida
Zip
32839

Country

4. FEI Number
58-1285110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WARREN, DAWN
4000 WOODFERN DRIVE
ORLANDO FL 32839

7. Name and Address of New Registered Agent
Name
Keith Douglas Osgood
Street Address (P.O. Box Number is Not Acceptable)
4000 Woodfern Drive
City
Orlando
FL
Zip Code
32839

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

700131407627
06/17/08--01018--001 **\$1.25

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, RUTH		NAME	Keith Douglas Osgood	
STREET ADDRESS	1810 WARRINGWOOD DRIVE		STREET ADDRESS	1826 Warringwood Driv	
CITY-ST-ZIP	ORLANDO FL 32839		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, PHYLLIS		NAME	Scott Nabors	
STREET ADDRESS	P.O. BOX 593083		STREET ADDRESS	3914 Crayrich Circle	
CITY-ST-ZIP	ORLANDO FL 32859		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Zunilda Diaz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, ROBERT		NAME	4017 Woodfern Drive	
STREET ADDRESS	537 ARTESIA STREET		STREET ADDRESS	Orlando, FL 32839	
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRIX, WALTER		NAME	Scott Nabors	
STREET ADDRESS	3994 CRAYRICH CIRCLE		STREET ADDRESS	3914 Crayrich Circle	
CITY-ST-ZIP	ORLANDO FL 32839		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D-Robert Krakowiak	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, DAWN		NAME	3996 Crayrich Circle	
STREET ADDRESS	329 RAVEN ROCK LN		STREET ADDRESS	Orlando, FL 32839	
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Phyllis Scott	
STREET ADDRESS			STREET ADDRESS	4011 Dolomite	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32839	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Keith Douglas Osgood 6/10/08 407-843-2653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR