

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-17-2003 90716 011 ****61.25

DOCUMENT # 725802

1. Entity Name

THE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4000 WOODFERN DRIVE
ORLANDO FL 32714

Mailing Address

4000 WOODFERN DRIVE
ORLANDO FL 32714

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1285110**

Applied For
Not Applicable

Zip
32839

Country
Orange

Zip
32839

Country
Orange

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PFAUSER, MARGO A
225 S. WESTMONTE DR #2050
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name **Ann W. Tucker**
Street Address (P.O. Box Number is Not Acceptable) **4000 Woodfern Drive**
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 **Ann W. Tucker, Pres.** **ANN W. TUCKER** **3/25/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☒ Delete
NAME **JOCHIM, MARSH L**
STREET ADDRESS **200 MAITLAND AVE #101**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Change ☐ Addition
NAME **COOK, Francis J.**
STREET ADDRESS **741 Citrus Cove Drive**
CITY-ST-ZIP **Winter Garden, FL 34787**

TITLE **D** ☐ Change ☐ Addition
NAME **MYERS, Wayne A.**
STREET ADDRESS **4925 Regis Ct.**
CITY-ST-ZIP **Orlando, FL 32808**

TITLE **Director** ☒ Change ☐ Addition
NAME **WELLS, Robert**
STREET ADDRESS **537 Artesia Street**
CITY-ST-ZIP **Oviedo, FL 32765**

TITLE **President** ☒ Change ☐ Addition
NAME **TUCKER, Ann W.**
STREET ADDRESS **3908 Crayrich Circle**
CITY-ST-ZIP **Orlando, FL 32839**

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:

Ann W. Tucker, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2003

407-843-2653

Date

Daytime Phone #

CP2E037 (10/02)

Attachment #

55021174

~~55021174~~
72802

ADDITION-

Secretary/Treasurer
O'ROURKE, Debra
3916 Crayrich Circle
Orlando, Fl 32839