

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 728924 (2)**

1. Corporation Name

**VILLAGE HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
 1995 JUL 27 AM 10:18  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**150 WILLOW RUN PO BOX 604 ORMOND BCH FL 32174-6144**  
**150 WILLOW RUN PO BOX 604 ORMOND BCH FL 32174-6144**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/25/1974** 3a. Date of Last Report **04/29/1994**  
 4. FEI Number **59-1784497** Applied For **59-325 800 3** Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt #, etc 26 Suite, Apt #, etc  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**WINSTON, K B**  
**120 E GRANADA AVE**  
**ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when translating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<del>JOHNSTON, RON</del>
STREET ADDRESS	<del>897 QUAIL RUN</del>
CITY, ST, ZIP	<del>ORMOND BEACH FL</del>
TITLE	<del>S P</del>
NAME	<del>SHERIFF, ELINOR</del>
STREET ADDRESS	<del>883 VILLAGE DR</del>
CITY, ST, ZIP	<del>ORMOND FL</del>
TITLE	<del>D</del>
NAME	<del>WOLF, DAN</del>
STREET ADDRESS	<del>151 WILLOW RUN</del>
CITY, ST, ZIP	<del>ORMOND BCH, FL 00000</del>
TITLE	<del>S T</del>
NAME	<del>JACKSON, KATH</del>
STREET ADDRESS	<del>844 WILLOW RUN</del>
CITY, ST, ZIP	<del>ORMOND BCH, FL 00000</del>
TITLE	<del>D</del>
NAME	<del>ALLIGOOD, SAM</del>
STREET ADDRESS	<del>191 QUAIL RUN</del>
CITY, ST, ZIP	<del>ORMOND BCH, FL 00000</del>
TITLE	<del>D</del>
NAME	<del>DR. SHAPIRO, PHILIP</del>
STREET ADDRESS	<del>140 OLD MIL RUN</del>
CITY, ST, ZIP	<del>ORMOND BCH FL</del>

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>P Sheriff, Elinor</b>
13 STREET ADDRESS	<b>883 Village Dr.</b>
14 CITY, ST, ZIP	<b>Ormond Beach, FL</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>T Jackson, Cathy</b>
23 STREET ADDRESS	<b>844 Willow Run</b>
24 CITY, ST, ZIP	<b>Ormond Beach, FL</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>S Milnes, Pat</b>
33 STREET ADDRESS	<b>971 Old Mill Run</b>
34 CITY, ST, ZIP	<b>Ormond Beach, FL</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>D Ryden, Erik</b>
43 STREET ADDRESS	<b>855 Willow Run</b>
44 CITY, ST, ZIP	<b>Ormond Beach, FL</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Billard, John</b>
53 STREET ADDRESS	<b>846 Quail Run</b>
54 CITY, ST, ZIP	<b>Ormond Beach, FL</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elinor B. Sheriff **ELINOR B. SHERIFF** 7/17/95 904673-0010  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone)

CR2E037 (3/95)